STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME DATE KNOWN (TYPE OR PRINT) OF ESTI-21 OUR FLES. V72 HOURS ON STREET. DEATH MATED 1986 YEAR 6. AGE (IN YEARS IF UNDER 1 YR. 2d HOUR DATE CAY LAST BIRTHOAY) RONOUNCED 1154 1986 30 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH Pe-BIRTHPLACE MARRIED NEVER MARRIED DIVORCED WIDOWED 8. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS 120 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY FOR MOST OF WORKING LIFE) MICHANIC CHEY OR TOWN 13d INSIDE CITY LIMITS? 130 STATE AdeNA 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE PECCA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) [[IF YES, GIVE WAR OR DATES] SON1 1366 E CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (a APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE BURIAL lying cause last. E. WRITING THE WORD "PENDING" IN WARRED TO THE CHIEF MEDICAL EX PAGE 3 SHOULD BE USED AS A BURIAL STATE DEPARTMENT OF HEALTH AND M. 21201 PRICE TO BEIDAL CREMATION. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH DOT 161 RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO T 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNKAL DIRECTORS 9 AFIRE DEATH, WITH THE ST. BATTIMORE, MARYLAND, 2 Inspection X 220 I certify that I toak charge of the remains described obave, held an Autopsy and in my apinian Natural causes death resulted from: Accident Suicide Hamicide Undetermined monner TITLE (SPECIFY) SIGNATURE / MEDICAL EXAMINER EXAMINER'S NAME WillijamP. Jones, M.D. ADDRESS 695 America Crt., Davidsonville, Md. 21035 230 BURIAL, CREMATION, REMOVAL 236 DATE **DHMH - 17** (VR A15 NE (5)

20M 4782

Santa April - Personal Land State State Town of Land Water State Co. WE WILL TO EX IN THE STANK SHAPE AND THE STANKS OF THE STA white the acceptance is

(a)

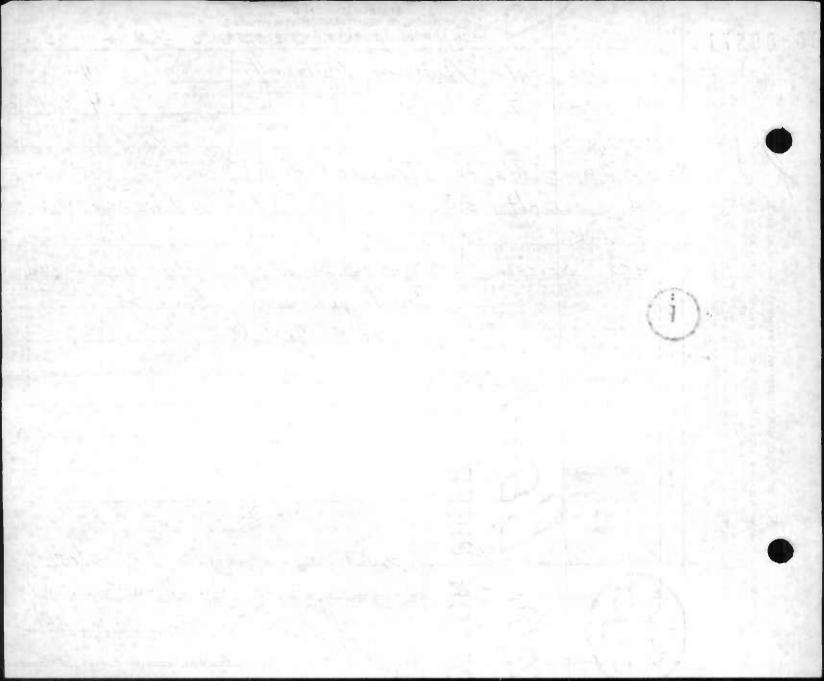
8	6 REG. NO.	1	5	1	7	6
---	---------------	---	---	---	---	---

1	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B 6	15/72
	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	MAH	RY VICKY	ANDREWS	June 20th.	1986 M
1	3 SEX	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYFAR IF UNDER 24 HRS
1	Female	White	February 4. 1944	42 yrs.	MONTHS DAYS HOURS MIN.
1	70. BIRTHPLACE (STATE OR FOREIGN 71	CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
7	Maryland	United States	WIDOWED DIVORCED	Annua Annua o	el Co., MD.
-		1. NAME OF HOSPITAL, NURSING		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
1	Pasadena	214 Magothy 1	Rd.	House-wife	Home
	USUAL RESIDENCE (# NURSING HOME OR O 130 STATE 135, COUNT Maryland Anne		1 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COI 214 Magothy R	
1	14 FATHER'S NAME FIRST James	- Lamar	15. MOTHER'S MAIDEN N FIRST Rachael	MIDDLE	Fleece
7	160. WAS DECEASED EVER IN U.S. ARM OR UNKNOWN) (IF YES, GIVE Y	MED FORCES? 16b. SOCIAL SECUR	RITY NO. 17. INFORMANT	ADDRESS 21	4 Magothy Rd.
1	(IF YES, GIVE	217-40-1	239 Walter Andr	ews / Pasadena,	Md. 21122
		DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) DODITIONS CONTRIBUTING TO DI			IVEN IN PART Ito
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH (DPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO NO
	00.00.00.00.00.00.00	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	Y YEAR 19	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART I ORPART 2)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.)	CITY OR TOWN	COUNTY STATE
	22n. I certify that (I) (this hospital save, the decease blive on above, (I) (we) and sign natural save and sign natural save and sign natural save and sign natural save and	Sumuel OW INSTANCE	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	m death occurred an the date and his MEDICAL STAFF PHYSICIAN	, 19, that (1) (we) lost our and fram the causes stated
	230 BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
	Entombment 24 FUNERAL DIRECTOR		en Haven Mem. Par	ck Glen Burnie A	nne Arundel Md.
	McCully Funeral	Home / Pasaden	ntain Rd. a, Md. 21122		Landson-Mondales

DHMH - 16 50M 4/83 (VRA 15, 4)

- 10 M STATE VALUE OF THE RESERVE OF THE PARTY OF T BOAS OF THE PROPERTY OF THE PARTY OF THE PARTY. Transfer break Conserv UR SWIT TB BUTTE Costs Verife Beller

		STATE OF MARYLAND	
		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	, ~, ~,
n - n	9571	1- STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6 REG. NO. 6-/3	4-86 5
0 0	0011	T. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN DV MONTH DATE	Y YEAR 26 HOUR
	W	(TYPE OR PRINT) PASSUALE Authory Autowelli DEATH MATED [/ 12	\$1 CM
	HEES	1112 40111 - 1110 100 - 1110 100	7-1986 M
	FB-25	D. DATE OF DIRTH ON AGE (NY TEAR) IN OUTBY A THE ON THE TOTAL OF THE OFFICE OF THE OFF	YEAR 2d. HOUR
	×22523	M CAU 7 13 33 52 YRS DEAD 6 13	1,86 1052
	33735/O	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OF COUNTY OF	FDEATH
-	SEE SEE	WIDOWED DIVORCED D	
	123m33		KIND OF BUSINESS
1/	THOUSE !		OR INDUSTRY
No	Secure Z	Glen Ournie Morth Hrundel Hosp Owner Ke	STAURANT
4/ 5	SEE SEE	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. SOUNTY 137. 138. STREET ADDRESS 2/15	5 -
1 2	AND DO	Md. PARIMONE COPERCO YES NO 15697 Dover	Rd
9	the colonial	IS MOTHER'S MAIDEN NAME	
2	F-1895	MIDDLE AST // SERST MIDDLE TO	LAST
380	38 × 68	THE WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO. 117 INFORMANT ADDRESS OF THE SOCIAL SECURITY NO. 117 INFORMANT ADDRESS OF THE SOCIAL SECURITY NO. 117 INFORMANT	SCALE
W	EN CHANGE	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	Dover Rd
AL	S AF GIVE PAG	45 KoveAn 086-24-0792 BANDANA Antonelli Uppe	vco, lld
	S A A A A	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL
1/1/2	AND SERVE	PART I DEATH WAS CAUSED BY:	TWEEN ONSET AND DEATH
- ô		IMMEDIATE CAUSE (o) (DUE TO, OR AS A CONSEQUENCE OF	
19	WITHIN WINER A WINER A TRANSIT NATAL HY	Conditions, if ony, which gove rise to immediate (b) A.S. C.U.D.	
	WITH WITH NEW WITH NE		
	0.6 2	couse (o) stoting the <u>under-lying couse lost.</u> DUE TO, OR AS A CONSEQUENCE OF	
20	XECUTE XG IN XG IN XAL EXA BURNAL AND M AND M	(c)	
S S	AND	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART T 10	
8	SEA SEA	N Comment of the Comm	
20	HATE SHOULD BE THE MORD "TEND TO THE CHIEF MED SHOULD BE USED AS PERSON TO BURKEN TO BURK AT. CHE PRICE TO BURK AT. CHE	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A MACHINE DAY YEAR 10 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN FIRM 18 PART 1 OR PART 2)	AUTOPSY?
3	SHOUL CHIEF CARE CARE CARE CARE CARE CARE CARE CARE	42	
5	300 H 28 -	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	YES NO NO
ō	A 1 5 5 5 5		
NO	#F00088	SONTRIBUTING CAUSE OF DEATH P.M. 19	
DIVISION OF VITAL RECORDS	CETTE CATE SHOULD BE EXEMINED TO THE CHIEF MEDICAL 3 SHOULD BE USED As A BEINDEN TO BURKING HEATTH AS THE PRICE TO BURKALL CHEMAN	UNDERLYING OK ONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, VIII LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	STATE
ā	848.848 848.848	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	SIAIE
	HANNA SE		
	SERES SE	22e I certily that I took charge of the remains described above, held on Autopsy . Inspection Inquiry . ond in my opinion	
	ME#DE5	death resulted from: Notural couses , Accident , Suicide , Homicide . Undetermined monner ,	
	DIE	TITLE (SPECIFY)	. 1 . 1
	A#PATE -	SIGNATURE Ullleam P. Jan M.D. Deputy MEDICAL EXAMINER SIGNED	115/86
	SEE SEE SEE		
	MEDICAL EXAMIN ECUTE THE CERTIFIC CEE 4 SHOULD BE PUNERAL DIRECTO THE DEATH, WITH THE DEATH, WITH THE DEATH, WITH THE THE THE THE THE THE THE THE THE T	EXAMINER'S NAME William P. Jones, M.D. ADDRESS 695 America Ort., Davidsonville,	Md. 21035
	PAGE PAGE BALL BALL	22- BURNAL CREMATION REMOVAL 225 DATE 22- NAME OF CEMETERY OF CREMATORY	
		SPECIES STATE OF THE SPECIES STATE STATE STATE STAT	STATE
	BP	BUVIAL JUNE 18, 1986 DU LANGY VALLEY MEM. TIMOGIUM BAHO	
	DHMH - 17	Mines S O L Garages .	N. O.A.E.
	(VR A15 ME (5)) 20M 4/82	At Celebrard Civings Mells Ma JUN 3 6 1996 June 100	- rondeles
	EUIT 9/ 04		



FOR

35

STATE	OF	MARYL	ANI

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	2	5	1	7	4
				_		

	REGISTRAR				CERTI	ICATE OF DEATH	REG. N	10		
	CEASED NAME	FIRST	MI	DOLE		LAST	20 DATE OF DEATH		YEAR	26 HOUR
,,,,,	M	ARIE	ELI	ZABETH		ARNOLD	JUNE 22ND,	1986		1115/
3 SE	x FEMAL		CAUCAS I	ON	S DATE O		6. AGE (IN YEARS LAST BIT		UNDER 1 YEAR	HOURS N
(IRTHPLACE (STATEOR F COUNTRY) est Virgin:		CITIZEN OF W	'HAT COUNTR	MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY S			RLAND
	CUMBERLAND	TH 11	Memoria			DR OTHER INSTITUTION	120 USUAL OCCUPAT LIVPE OF WORK FOR MOST	ION OF WORKING LIFE}		F BUSINESS
130. 5	AL RESIDENCE (IF NURS STATE ryland	136 COUNTY Allega		IVE RESIDENCE BEF 13c CITY OR TO Allega		13d. INSIDE CITY LIMITS? YES AO	13. STREET ADDRESS 419 Winme	/ ZIP CODE	21	50%
A. FA	ATHER'S NAME FIRST Rober	rt Tŷ	Son	LAST		15. MOTHER'S MAIDEN NA			LAS	
16a V	WAS DECEASED EVER	IN U.S. ARME		217-10		MEMORIAL HOS	SPITAL CUM	ess IBERLANI	D MARY	LAND
	Conditions, if ony, gove rise to improve couse (o), statin	nediote ng the	(b)	AS A CONSEC	٥ (Istudion	Lug Di	rene		
CATION	gove rise to imm couse (o), statin underlying couse	nediate og the lost. NIFICANT CO	DUE TO, OR	AS A CONSEG	QUENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	20b. IF YES, V	VERE FINDIN	IGS USED
TIFICATION	gove rise to immorouse (o), stating underlying couse PART 2 OTHER SIGN	nediate og the lost. NIFICANT CO	DUE TO, OR	AS A CONSEG	QUENCE OF			20b. IF YES, V	VERE FINDIN	IGS USED
ICAL CERTIFICATION	gove rise to improve the couse (o), stating underlying couse PART 2 OTHER SIGN 190 DATE OF OPERA: 210, ACCIDENT WAS UNIC OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL COURSE)	mediate g the lost. NIFICANT CO TION DERLYING CAUSE OF DEATH CAL EXAMINER)	DUE TO, OR DUE TO, OR DIDITIONS CON 196 CONDIT 216. TIME OF HOUR A.M P.M	AS A CONSEGUENT ON FOR WHICH INJURY MONTH	OUENCE OF	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYIN YES	WERE FINDIN NG CAUSES	IGS USED OF DEATH?
MEDICAL CERTIFICATION	gove rise to imm couse (o), storing underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAT 210, ACCIDENT WAS UNIT OR CONTRIBUTING (IF ETHER, NOTIFY MEDIC AT WORK NOTIFY NOTIFY MEDIC AT WORK NOTIFY NOTIFY MEDIC AT WORK NOTIFY NOTIFY MEDIC AT WORK NOTIFY NOTIFY MEDIC AT WORK NOTIFY NOTIFY MEDIC AT WORK NOTIFY NOTIFY MEDIC AT WORK NOTIFY NOTIFY MEDIC AT WORK NOTIFY NOTIFY NOTIFY MEDIC AT WORK NOTIFY NOTIF	mediate on the lost. NIFICANT CO TION DERLYING	DUE TO, OR ICI INDITIONS CONDIT 21b. TIME OF HOUR A.M 21e. PLACE O (AT HOME, STREE	NTRIBUTING TO THE STATE OF THE	DUENCE OF O DEATH BUT ICH OPERATIO DAY YEAR 19 CE, FARM ETC.]	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, V IN CERTIFYIN YES JRY IN ITEM 18 PART	WERE FINDIN NG CAUSES	IGS USED OF DEATH?
	gove rise to imm couse (o), storing underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAT 210, ACCIDENT WAS UNE OR CONTRIBUTING COURT 210 INJURY OCCURT WMILE NOT WHAT WORK 220.1 certify that (1), sow the decease obove. (1) (we) (5)	TION DERLYING CAUSE OF DEATH CAL EXAMINER) RED (this hospitoled olive on	DUE TO, OR IOU IPP CONDIT 216. TIME OF HOUR A.M P.M 216. PLACE O (AT HOME, STREE	NTRIBUTING TO STATE OF THE PROPERTY OF THE PRO	DUENCE OF O DEATH BUT ICH OPERATIO DAY YEAR 19 CE, FARM, ETC.]	21c HOW INJURY OCCUR 21l LOCATION STREET 19 nd that in (my) (our) opinion	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, V IN CERTIFYIN YES I JRY IN ITEM 18 PART	WERE FIND IN NG CAUSES (1) OR PART (2) COUNTY	IGS USED OF DEATH? NO STATE
	gove rise to improve to improve to improve to improve to improve the course of the cou	TION DERLYING CAUSE OF DEATH CAL EXAMINER) RED (this hospitoled olive on did) (did not)	DUE TO, OR ICI INDITIONS CON 196 CONDIT 216. TIME OF HOUR A.M P.M 216. PLACE O (AT HOME, STREE) I) ottended the view the body of	NTRIBUTING TO STATE OF THE PROPERTY OF THE PRO	DUENCE OF O DEATH BUT ICH OPERATIO DAY YEAR 19 CE, FARM, ETC.]	21c. HOW INJURY OCCUR 21l LOCATION STREET , 19 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, VIN CERTEYIN YES IN TERM 18 PART	WERE FINDING CAUSES	IGS USED OF DEATH? NO STATE
	gove rise to imm couse (o), storing underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAT 210, ACCIDENT WAS UNE OR CONTRIBUTING COURT 210 INJURY OCCURT WMILE NOT WHAT WORK 220.1 certify that (1), sow the decease obove. (1) (we) (5)	TION DERLYING CAUSE OF DEATH CAL EXAMINER) RED (this hospitol ed olive on did) (did not) y AME [TYPE OR PI	DUE TO, OR ION DITIONS CON 196 CONDIT 216. TIME OF HOUR A.M. P.M. 21e. PLACE O (AT HOME. STREET) Ottended the view the body of the bo	INJURY MONTH FINJURY TELEFACTORY, OFFICE deceased from	DUENCE OF O DEATH BUT ICH OPERATIO DAY YEAR 19 CE, FARM, ETC.]	21c. HOW INJURY OCCUR 21l. LOCATION STREET 19 and that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU- CITY OR TO deoth occurred on the d	20b. IF YES, VIN CERTEYIN YES IN TERM 18 PART	WERE FIND IN NG CAUSES (1) OR PART (2) COUNTY	IGS USED OF DEATH? NO STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

THE PROPERTY OF THE PROPERTY O					
The second state of the second		STORE SENS, 19 E	4 10 MAY 1	STERRAS LUE	1114
De tellen Jaken de lande generale de la lande de la la		- Transpir	n a s	9017770	
	di unamuc	YTHICK THE SELECT			
	mer learner) - Sant 75 Jun-15 m		Inflyes Talays	
BANKAN MANAGER S. JOHANNING MAIRING COLOR-US-US					mpifal perform
					40K77 11000
			Oh. MALETONIA	01-05-119	
			1.8		
AND THE RESIDENCE OF THE PARTY	NS			MERTA	minimation in

0 -	-1(0 1	18	1.	FOR STATE REGISTRAR			DE		NT OF H	OF MARYLA	MENTAL HYG	IENE 8	6 REG.	NO.	1 5	5 /	7 _{ED}	
	e p				CEASED NAME OR PRINT) FRANC	FIRST	AV	ERY	I	ARRIN		SR.		OF DEATH	MONTH	L8, 1	YEAR 1986	26. HOUR 445 P	1
	ge 4 may	ector, po		3. SE	MALE		4 RACE	re		NOV	DAY	.91 ^{YEAR}	6. AGE (IN YEARS LAST I		MON RS.	THS DAYS	IF UNDER 24 HRS. HOURS MIN.	
	eoth. Po	nerol dir	16		RTHPLACE (STATE OR F COUNTRY) Md.	OREIGN	76. CITIZEN O			MARRIED WIDOWEI	X NEVER /	MARRIED		ANNE			COUNT	Y	
10	s ofter d	by the fu	54	10. C	GLEN BURNI		NOR'I	F HOSPITAL, I				TITUTION	TTYPE OF V	ALOCCUPA VORK FOR MOS rpen	OF WORKE		LOC	al 101	
ND 212	24 hour	filled in	\$5		AL RESIDENCE (IF NURS STATE Md.	136 COUN		13c CITY C Glen	OR TOWN	1	13d INSIDE C	TITY LIMITS?	13e STREI	et ADDRESS Gate			210 Ct.	Apt 20	4
MARYLAND	uted within	mpletely	20	14. F/	ATHER'S NAME FIRST Walter		J.	Arri	ngto:	n	15 MOTHER	S MAIDEN NA/ FIRST Henri		WIDDLE			Ma:	rshall	
IMORE,	De exacut	on ond co	medical		WAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES' E WAR OR DATES)			727	Chri	stina	E. 2		gto:	n ,	(same	as 13	1
T., BALI	rtificote	physicic	emovol.		18 CAUSE OF DEATH PART I. DEATH W	'AS CAUSE	nly one couse p D BY: TE CAUSE (0)	er line (0) (0),		Ae	A.	RRES	7				BETWEEN	MATE INTERVAL ONSET AND DEATH	
PRESTON	deoth ce	ottending	otion, or r		Conditions, if ony,		DUE TO,	OR AS CON	SEQUEN	CE & A	TOR	Y FI	AIL	NRR					
201 W. PR	that the	d by the	iol, cremo		couse (a), statin underlying couse	g the	DUE TO,	ORAS A CON	NSEQUEN	CE OF	B871	RUETI	VE	PUL	MON	ARY	DISRO	ne	_
S	requires	en signe	or to bur	ATION	PART 2. OTHER SIGN														
AL RECORD	he low	ion.	nows ony	CERTIFICAT	190 DATE OF OPERAT	TION	196 CON	DITION FOR	WHICH O	PERATION			YES [INC	ERTIFYIN YES [OF DEATH?	
OF VIT	CAN	physic ertificote	om 18 sh	ICAL CER	OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	CAUSE OF DE	ATH HOUR	OF INJURY A.M. MONI P.M.	TH DAY	YE AR	21c HOW IN	NJURY OCCURE	RED (ENTE	R NATURE OF IN	JURY IN ITE	M IS PART	I OR PART 2)		
Z	(V)	E 0	50 = 1	I ¥	211 111111111 0551111	DED	01 01 4 0				211 LOCATE	ON							-

COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on

DE GREE G-19-86 22b. SIGNATURE MD ATTENDING MEDICAL STAFF
DIRECTOR PHYSICIAN

14 WELLHAM AVE, SUITE 101

(21225)

GLEN BURNIE, MARYLAND 21061 CYRIAC, M.D.

23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 6/21/86 Burial

Cedar Hill Cem.

Brooklyn Pk., A.A.Co., MD.

24 FUNERAL DIRECTOR

MEC

George J. Gonce, 4001 Ritchie Hg., Baltimore, Md.

250 DATE REC'D. BY REGISTRAR 254 REGISTRAR'S SIGNATURE

23d LOCATION

DHMH - 16 50M 4/83 (VRA 15, 4)

the state of the state of the state of the

	433	L	FOR STATE REGISTRAR			CERTIF	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	5 /	7 6 EST
	m -c		CEASED NAME FIRST OR PRINT)		MIDDLE	(,	ASF	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
o o	poge 3		GORMAN	GORI	DON	ATKI	VSON	TINE 10 100	26	125 DK
E	ofter o	3. SE		4 RACE		5. DATE O		6. AGE LIN YEARS LAST BIR HIDAY	MUNDER I YEAR	HOURS MIN.
90	rs of		Male	Whit	е	May		70 YRS		
9	12 mile	To. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH	
eoth	1 20		ostburg, MD	USA		WIDOWE		ANNE ARIMOI	EL COUNTY	MD.
5	TV		TY OR TOWN OF DEATH		HOSPITAL, NURSING		R OTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING	126 KIND OF	BUSINESS OR
s of	ラタ	1	GLEN BURNIE	NORTH	ARUNDEL		TTAT.	Retired-Painte		mar
hour	101		AL RESIDENCE (IF NURSING HOME OR			ADMISSION)	13d INSIDE CITY LIMITS?			
24	175		Maryland AA		Severn		YES NO X	13. STREET ADDRESS / ZIP CO	oad 2	1144
ig .	1000		THER'S NAME				15 MOTHER'S MAIDEN NA	ME		
3.	1 N2	W	Harry	MIDDLE	Atkinson		Anna	MIDDLE	Kir	by
cute	17		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECUE	RITY NO.	17 INFORMANT	ADDRESS		
e ex		(NO (IF YES, GIV	E WAR OR DATES)	217-14-4	359	James P. At	kinson, Same as	13	
iow requires that the death certifi	s been signed by the ottending physis rmit. Then please remove carbonpop priar to buriol, cremotion, or removol any njury, or ather troumotic event, i	CERTIFICATION	PART I. DEATH WAS CAUSE IMMEDIAT Canditions, if any, which gave rise to immediate cause los, stating the underlying cause last PART 2. OTHER SIGNIFICANT CAUSE IS A DATE OF OPERATION	DUE TO, O DUE TO, O DUE TO, O (c) CONDITIONS C	RAS A CONSEQUE PATEURIST OD D TO THE TO TH	NCE OF SCL	N WAS PERFORMED	INAL DISEASE OR CONDITION G - VENTRECULA 200 AUTOPSY? 200. IF Y	HOU ESCHEE SIVEN IN PART 110	
The le	sit pe	RTIFE	6/19/86		ousey t	ACE!	ALSV.	YES NOW	YES 🗌	NO 🗌
YSICIAN-	s certificate buriol-fransi Mental Hygi or Item 18 s	MEDICAL CE	21 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED	HOUR A		YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART 1 OR PART 2}	
Offend	s the bus ond M	ME	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE FA	ARM ETC)	STREET	CITY OR TOWN	COUNTY	STATE
ATTENDIN spital or	CTOR: Af afor use a of Health n 21 is mo		27a I certify that (1) (this hospi sow the deceased alive on above, (1) (me) (did) (did no	9/1	19_	5 ar		eoth occurred an the date and h	aur and from the c	
TAL OR	JERAL DIRE Se detached State Dept ANT: If Iten		226. SIGNATURE	D) are		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/1	9/15
HOSPI Poined b	O FUNER novid be of the St APORTAN		DR. DAVID RO				200 CLEN PURN	HOSPITAL DRIVE	SUITE 50	00
0	F 70 3 3	220 5	LIDIAL CREMATION DEMOVAL	TOO DATE	22. N	AME OF C		A TOTALON TOTAL	UUL	

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/B3

24 FUNERAL DIRECTOR (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Burial

James S. Kirkley, Glen Burnie, MD

June 23,86

23b. DATE

Glen Burnie AAT Glen Haven Memorial

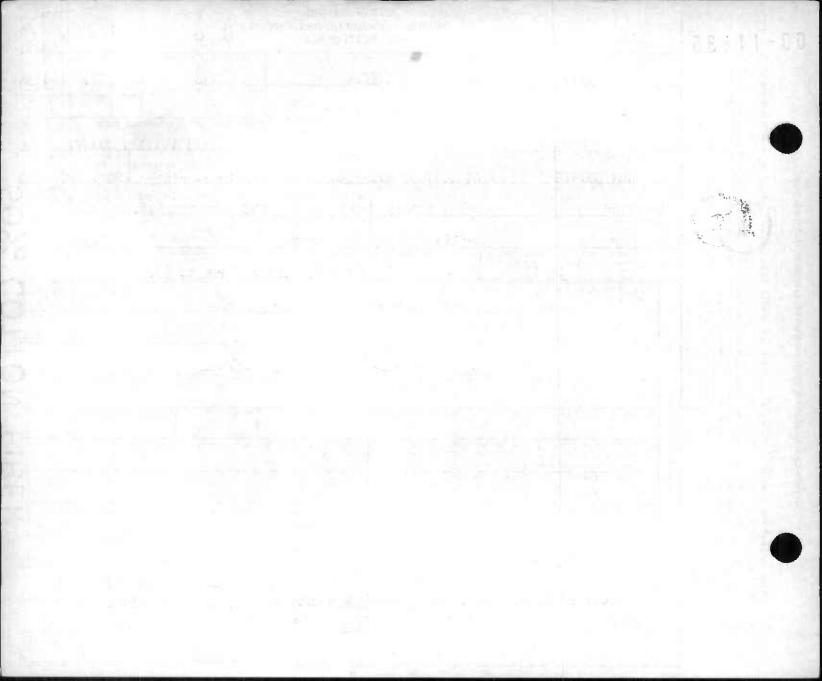
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR SOME LIKE

(m. or)	POST OF BUILDING	MENTAL A			
			morns here	TOGET WID.	
					No.
					(A)
	murrand.				
Howard			Se No.		
ENER Y SELE		Al average			
Xen	2 a 3 d 4 d 2 d 2				
			-11-11		
Jak Fillia			30 JA	- 13 - 1	
	THE PARTY WENT OF THE			THE WILLIAM	
				A Carlo	

١	1 -	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG	IENE 8 6	0.	5 /	7 /
ı		CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH DA	Y YEAR 2	b HOUR
I		WARREN		NRY	2 60 2	TIN	JUNE	2.2	1986	450 M
I	3 SEX		4. RACE		5. DATE C	DAY YEAR	6 AGE JIN YEARS LAST BIR			IF UNDER 24 HRS
4		Male	White		Nove	mber 8,1919	66	YRS.		
1	- 0	RTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY?	MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY O	F DEATH	
4	and the same of	ome, New York	USA 11 NAME OF		WIDOWE	DIVORCED DIVORCED	ANNE	ARUNDE		Y MD. BUSINESS OR
4				CH FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST O	OF WORKING LIFE)	INDUSTRY	
1	USUA	GLEN BURNIE	NOR OTHER INSTITUTION		ADMISSION)	PITAL	Retired-Pr		Gov. P	rinting
ı		aryland 136 COUI		Glen Bur		136 INSIDE CITY LIMITS?	13e.STREET ADDRESS		2106	Office
1		THER'S NAME	1	Idlen bur	nie	IS MOTHER'S MAIDEN NAM	<u> 528 Stewar</u> ME	·t_Ave.	2100	
A	1	Rov	WIDDIE	Austin		Carrie	MIDDLE		Youn	n C
Ť		AS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS		19
I	[Y	Yes WW	VE WAR OR DATES)	069-07-7	603	Mary G. Aust	in. Same as	13.		
Ì		18 CAUSE OF DEATH (Enter or	nly one couse pe		77	riary as maso	/ June us	10.	APPROXIMA BETWEEN ON	ATE INTERVAL
ı	21	PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a)	la	dell	he am	o A			
ı				R AS A CONSEQUE	NCE OF				177	
ı		Conditions, if ony, which	((b)			-				
		gave rise to immediate cause (a), stating the underlying couse last	DUE TO, C	R AN CONSEQUE	ille	tu- a	alan			
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBY MG TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART Ita	
1	CERTIFICATION	90 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING	
1	CERT	210. ACCIDENT WAS UNDERLYING	21b. TIME C			21c. HOW INJURY OCCURE		1	I I OR PART 2)	
1	2017	OR CONTRIBUTING CAUSE OF DE	nin I	.M. MONTH DA	Y YEAR					
ı	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION	CITY OR IC		COUNTY	STATE
ı	8	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY, OFFICE, F.	ARM, ETC }	STREET	CITY OR IC	4414	COONT	SIAIE
I		220.1 certify that (I) (this hosp	ital) attended th	he deceased from			, to		, th	at (l) (we) lost
1		saw the deceased olive or abave, (1) (we) (did) (did no	ti view the bady	rafter death.	, a	nd that in (my) (aur) opinion o	deoth accurred on the d	ate and haur o	ind from the ca	iuses stated
ı		22b. SIGNATURE	Managara and American American			DEGREE			22c. DATE SI	GNED
		10 90				ATTENDING PHYSICIAN	MEDICAL STA			
	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT }			22e ADDRESS	845 OAKWOOD	ROAD,	SULTE	200
1	23n R	URIAL CREMATION, REMOVAL	73b DATE	122 N	IAME OF C	EMETERY OR CREMA ORY	TO THE CATION Y	AND 21	001	
		Burial	June			ille MD Vet.	Crownsvil		COUNTY	MD
1	24 FU	INERAL DIRECTOR				25a. DATI		25h REGISTRA	AR'S SIGNATUI	
		James S.	Kirkley	, Glen Bu	rnie,	MD JUI	124 1986	Julia View	Harry-Non	

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT #



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6	-	3
	REG. NO.		

		REGISTRAR				CERTII	FICATE OF DEATH		REG. NO.			EDT
		CEASED NAME	FIRST		MIDDLE		LAST	20. DAT	E OF DEATH MC	ONTH D	DAY YEAR	26 HOUR
		JANEI	[ELAI	NE	BABK	A		TUNE	3,	1986	605
	3 SEX	× FEMALE	4.	RACE WHI	TE	S. DATE O			(IN YEARS LAST BIRTHD		MONTHS DAYS	HOURS M
	(RTHPLACE (STATE ORF COUNTRY) ENNSYLVANIA		USA	WHAT COUNTRY	MARRIE WIDOW	D NEVER MARRIED		MORE CITY OR O	COUNTY		Y
421		GLEN BURNI	E	NORTH	ARUNDEL	TADDRESS) HOSP	OR OTHER INSTITUTION	120. USt	JAL OCCUPATION WORK FOR MOST OF W DMEMAKER	4	12b KIND	OF BUSINESS
5	130 S MA	AL RESIDENCE (1F NURSI STATE ARYLAND	13b COUNTY A A C	Υ	13c. CITY OR TOV GLEN BU	WN	136 INSIDE CITY LIMIT YES NO 🖔		et ADDRESS / Z 3 FIFTH	IP CODE AVE.	S.W.	21061
		JOSEPH	Ι	DOLE .	LAST KRAUS		15. MOTHER'S MAIDEN FIRST THERESA	NAME	WIDDLE			ST RICKNER
		vas deceased ever yes, no or unknown) NO	IN U.S. ARME (IF YES, GIVE W N/A		218/26/		MR. MICHA	SON) EL J. E	ADDRESS BABKA S		AS 13	KIMATÉ INTERVAL ONSET AND DEAT
		Conditions, if ony,		DUE TO, OI	R AS A CONSEQU	JENCE OF	0					
	NOI	gove rise to imm couse (a), stating underlying couse PART 2 OTHER SIGN	g the lost.	(c)	ONTRIBUTING TO		NAMELATED T⊙ THE	TERMINAL DIS	ease or condit	ION GIVE	EN IN PART I	0
7	CERTIFICATION	couse (a), stating underlying couse	g the lost. NIFICANT CO NIFICANT CO	I ONDITIONS CO	Plow TION FOR WHICH	DEATH BUT	ANAS PERFORMED	200 A	UTOPSY? 21	Ob. IF YES, N CERTIFY YES	, WERE FINDI YING CAUSES	NGS USED
フニラ	MEDICAL CERTIFICATION	COUSE (01), statime underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAT 216, ACCIDENT WAS UND OR CONTRIBUTING CIFETHER NOTIFY MEDIC 21d INJURY OCCURR	g the lost. HIFICANT CO LON LON AUSE OF DEATH LALEXAMINER]	Ic) NDITIONS CC NAM 19b CONDI 21b. TIME O HOUR A./	DNTRIBUTING TO PLOW TION FOR WHICH FINJURY M. MONTH C	DEATH SUT OPERATION DAY YEAR	thesion	200 A	UTOPSY? 21	Ob. IF YES, N CERTIFY YES	, WERE FINDI YING CAUSES	NGS USED S OF DEATH?
2		COUSE (01), statime underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAT 210, ACCIDENT WAS UND OR CONTRIBUTING CIFETHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOTIFY MEDIC AT WORK 220.1 certify that (1) sow the decease	g the lost. HEICANT CO LON LON LON LON LAUSE OF DEATH LAL EXAMINER LED LED LED LED LED LED LED LE	Inditions Conditions Conditions Conditions Conditions Conditions Conditions The Conditions Conditio	DITRIBUTING TO PLOWING TION FOR WHICH M. MONTH D M. DF INJURY EET FACTORY, OFFICE. deceosed from.	DEATH BUT OPERATIO DAY YEAR 19 FARM ETC)	21c. HOW INJURY OC	200 A YES [CURRED (ENTI	NO IN INTERPRETATION OF TOWN	Ob. IF YES, N CERTIFY YES	WERE FINDI YING CAUSE: 5 ART I OR PART 2)	NGS USED S OF DEATH? NO STATE
27		COUSE (01), stotime underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAT 216, ACCIDENT WAS UND OR CONTRIBUTING COURT WHILE NOTIFY MEDIC 21d INJURY OCCURR WHILE NOTIFY MEDIC 220.1 certify that (1) sow the decease obove, (1) (we) (d 27b. SIGNATURE	G. the lost. NEFICANT CO ION ION AUSE OF DEATH AL EXAMINER] IED (this hospital dive on lid) (did not)	Inditions Conditions Conditions Conditions Conditions Conditions Conditions The Conditions Conditio	DITRIBUTING TO PLOWING TION FOR WHICH M. MONTH D M. DF INJURY EET FACTORY, OFFICE. deceosed from.	DEATH BUT OPERATIO DAY YEAR 19 FARM ETC.)	21c. HOW INJURY OC 21l. LOCATION STREET 19 nd that in (my) (our) opin DEGREE M.D. ATTENDIN PHYSICIA	ZOO A YES [CURRED (ENTI	NO IN INJURY IN CITY OR TOWN	Ob. IF YES, N CERTIFY YES NITEM IB PA	WERE FINDI YING CAUSE: 5 ART I OR PART 2) COUNTY	NGS USED S OF DEATH? NO STATE
27	MEDICAL	COUSE (0), stoting underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAT 210, ACCIDENT WAS UND OR CONTRIBUTING COUFEITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOTIFY MEDIC 21d INJURY OCCURR 220.1 certify that (1) sow the deceose obove, (1) (we) (1) (we)	G. the lost. HEICANT CO HERLYING AUSE OF DEATH ALEXAMINER) HED HE HE HE HE HE HE HE HE H	Inditions Conditions Conditions Conditions Conditions Conditions Conditions The Conditions Conditio	DITRIBUTING TO PLOWING TION FOR WHICH M. MONTH D M. DF INJURY EET FACTORY, OFFICE. deceosed from.	DEATH BUT OPERATIO DAY YEAR 19 FARM ETC.)	211 LOCATION STREET 211 LOCATION STREET 19 nd that in (my) (our) opin DEGREE M.D. ATTENDIN PHYSICIA 22e ADDRESS	CURRED (ENTIL	NO DE INJURY IN CITY OR TOWN	Ob. IF YES, N CERTIFY YES N ITEM IB PA	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	NGS USED S OF DEATH? NO STATE

DHMH - 16 60M-7/84 (VRA 15, 4)

ofter

executed within 24 hours

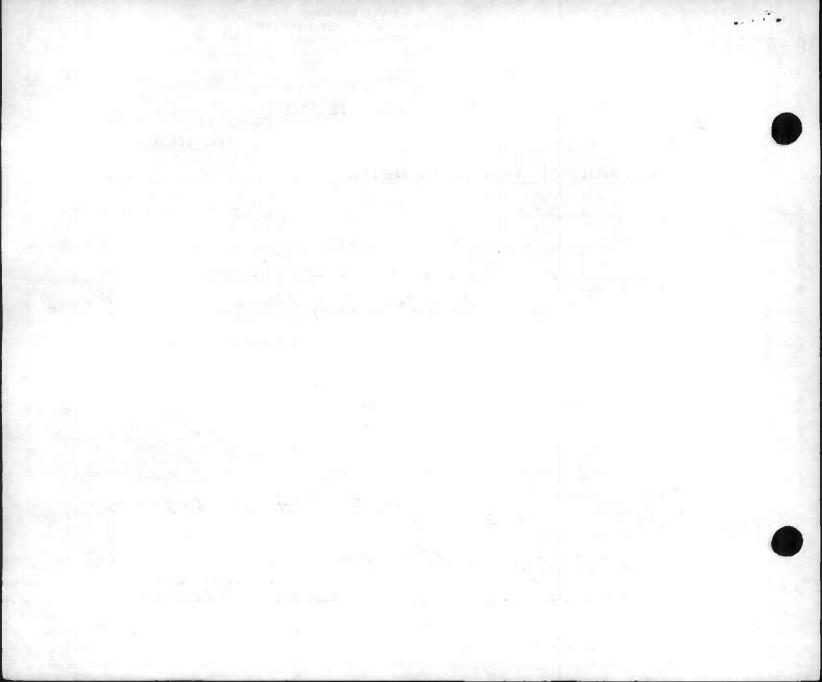
be certificote

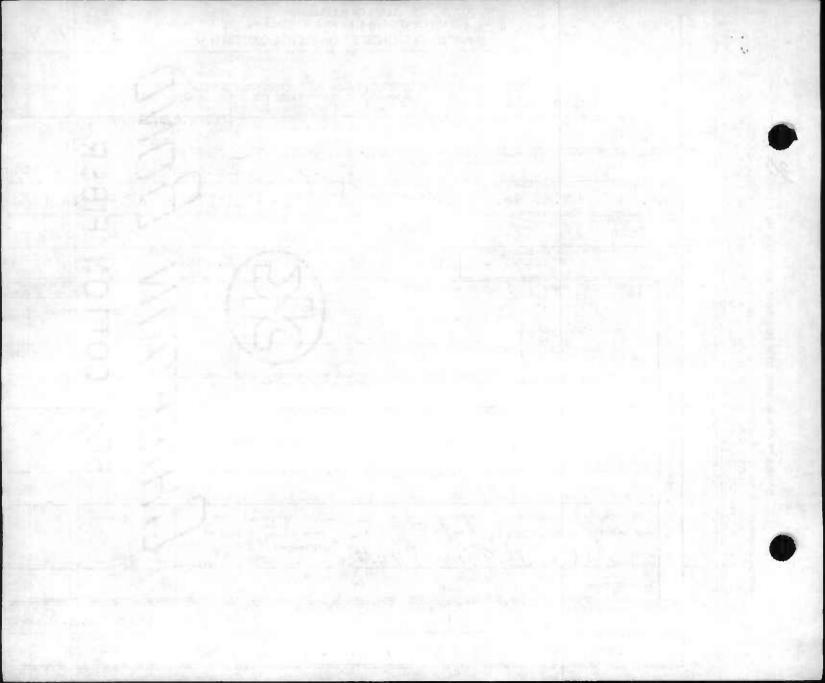
OR ATTENDING PHYSICIAN: The low requires that the death

retained by the hospital or attending physician.

TO HOSPITAL

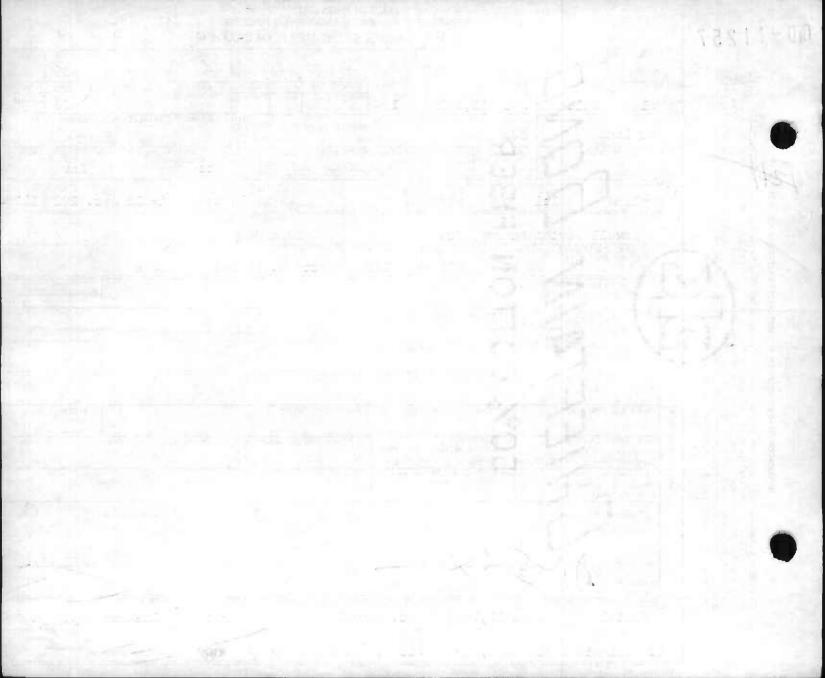
BP.





Marie a Harlin of the King in the miles -- - I say the King of the The second of the second of the second of the second Charles II. Some Services Services Services II. Services All Services The second of the second of the TAYLOR CHARLES SHOW I FROM I FOR

00-	11257	1 - 5	OR STATE			STA EPARTMENT OF UCAL EXAMIN	HEALTH		(3 4		5	/ 8	2
	1231	1. DEC	EASED NAME	FIRST	MED	MOLE EXAMIN	EK 3	LAST	2a DATE	REG. NÔ), MONTH	DAY YEAR	26 HOUR
2	ET,	(TIPE	OK PRINT)	NEWELL	В	ARTON	BI	ENSON . JR.	OF DE ATH	ESTI-	6 2	22 1986	AA.
1 %	PLEASE HECTOR. UR FILES. HOURS STREET,	3 SEX		RACE White	5. DATE OF BIRTH MONTH DAY July 22,	1924 6 AGE (IN YE LAST BIRTHD	AY) MONT	DER 1 YR. IF UNDER	MIN PRONOL	INCED	MONTH 6	24 1986	24 HOUR 5:15 P M
	WITHIN S	In BIR	THPLACE (STATE		76. CITIZEN OF WH.		8 MARR	IED X NEVER MARR	IED 9. BALTI	MORE CITY OF	RCOUNTY	Y OF DEATH	IPM
No.		10. CIT	y or town of asadena	DEATH	(IF NOT IN SUCH FAC	PITAL, NURSING HOMI ILITY, GIVE STREET ADDRESS) 100 at Ca		ER INSTITUTION	12a USUAL OCC	e Arund UPATION (TYPE DRKING LIFE) orney			MD. USINESS TRY
8	POUD IN THE	USUAI 13a ST	RESIDENCE (IF)	IN NURSING HOME OF 13b/COUNT Balti	OTHER INSTITUTION GIVE	ERESIDENCE BEFORE ADMISSING CITY OR TOWN	ON)	13d. INSIDE CITY LIMITS?			ele Ar		2120
€ 9	EATH F	_	THER'S NAME		Benson,	Sr. LAST		15. MOTHER'S MAID	EN NAME	MIDDLE		LAST	
OWI	MATTER D WE PAGE I FORM GES IV	160. W		VER IN U.S. ARM	ED FORCES?	16b. SOCIAL SECURIT	Y NO.	17. INFORMANT		ADDRESS			
ALT	SINE ASIG		es		WII	218-18-62	49	Betty C.	Benson	Sam	ne		
RECORDS, 201 W. PRESTON	HER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS. CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GI FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH OR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PA HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEINE, DIW, NND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NC	gove rise cause (o) sta lying cause		(b)	AS A CONSEQUENCE AS A CONSEQUENCE JT NOT RELATED TO THE TERM	OF	E OR CONDITION GIVEN IN PA	IRT 1 (a)				
	SHOULD BE E CORD "PENDIR CHIEF MEDIC BE USED AS A NT OF HEALTH BURIAL, CREW	CERTIFICATION	19e. DATE OF OF	PERATION	196. CONDITI	ON FOR WHICH OPER	ATION W	AS PERFORMED?				20. AUTOPSY	
ON OF VITAL	FICATE SHO THE WORD OULD BE US RTMENT OF		210. EXTERNAL C UNDERLYING CONTRIBUTING			NJURY MONTH DAY YEAR	21c. HC	OW INJURY OCCURRE	D (ENTER NATURE OF)	NJURY IN ITEM 18 PA	ART 1 OR PART		NO 🗌
DIVISION	THIS CERTING WARDED 1 PAGE 3 SH	-	21d, INJURY OCC WHILE AT WORK A			FINJURY (AT HOME, DRY, FARM, ETC.)		CATION	CITY OR T	DWN	COUN	11A	STATE
•	TO MEDICAL EXAMINER: THIS CI EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE D BALTIMORE, MARYLAND, 21201	/	220. I certify to death resulted to ACTUAL SIGNATURE EXAMINER'S NA (TYPE OR PRINT)	from: Nature	N/	M.D.		Homicide . TITLE (SPECIFY) D ASSISTAN ADDRESS 111	Undetermined n	nonner,	DATE SIGNED	6-25-8	
07/84 25M	BP	(SP	Burial		une 27,19	23c. NAME OF CE	METERY O Carme	1		n, Balt			Mď.
23/4	DHMH - 17 (VR A15 ME (S))	-	NERAL DIRECTO NAME tchell-		d Home, I	6500 nc. Balto.	York , Md.	nu.	REC'D. BY REGISTR			- Manda	



FOR

REGISTRAR

DECEASED NAME

- STATE

13e STREET ADDRESS / ZIP CODE BETWEEN ONSET AND DEATH MINUTES WEEK CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 310 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my (our) opinion death occurred on the date and hour and from the causes stated 22t. DATE SIGNED Buria] DHMH - 16 50M 4/83 501 Ritchie Hwy Severna (VRA 15, 4) Park. MD 21146

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26. HOUR

126. KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTR

2a DATE OF DEATH

VI DE LOS TOTOS EN ESTA a c Jahren era Adj Jenny Willesper to the West and Edward

	Aou	Bod
	O HOSPITAL OR ATTENDING PHYSICIAN. The low-requires that the death certificate be executed within 24 hairs often death. Page 4 may be executed by the hospital an affending physician	TO FUNERAL DIRECTOR. After this cereficate has been signed by the attending physiciae and completely lifed in by the funeral director, page should be detached for use as the build house permit. Then please remains companies. Pages I and 2 should be third within 72 hours often decome been been and detached hyperen prior to bursol, cremation or removed.
4	1	TE
	offer d	1
2120	Hours	A.
LAND	No. 24	۷.
MAR	ow pag	100
MORE	1000	and a
BALTI	ed atoo	Appen a
N ST	CHIE	and phi productions or remo
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	deoth	notes and a
W.	that th	by the
DS, 20	quires	signed hen ple to buric
ECOR	Oran Jec	been prior
TALE	4. The	of story
NOF	SICIAN ng phy	All the state of t
IVISIO	CH PHY others	to make b
٥	ENDIN 10	OR: AF
4	O MOSFIFAL OR ATTENDING PHYSICIAN, The excined by the hopping or otherding physician	TO FUNERAL DIRECTOR. After this careflects has been signed by the attentions physiciae and completely field in by a funeral direct should be detached for use as the build fromit permit. Then please remove contrampens. Pages 1 and 2 should be filled within 22 hours with the State Dept. of Health and Mental Maginer prior to buriol, cremation, or removal.
	TAN O	ERAL C e detoi Store C
	NOS Wined	O FUN
	D 5	251

10204		FOR STATE REGISTRAR	DEPAI	RTMENT OF H	OF MARYLAND F EALTH AND MENTAL HYG ICATE OF DEATH	IENE SHAO (215-20-3	Ac8 4
on be dearth	(TYPE	CEASED NAME FIRST OR PRINT) BEVEY LL	1 B	Bli	ake		6-20-8	6 10:30am
1 24 10	3 SE)	Female	TACE	5. DATE C	- 9- 2ªG	6 AGE (IN YEARS LAST BIR	YRS.	YS HOURS MIN
1 1535		Md.	USA	WIDOWE		Anne Aru		MD.
10	Ar	napolis	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR Anne Arundel	Gene:		TYPE OF WORK FOR MOST ON NURSE	F WORKING LIFE) INDUST	D OF BUSINESS OR RY
	13a S	Md. AAC	TY 13c. CITY OR TO	NWC	13d. Inside City Limits? Yes \(\text{NO } \text{X}	13e.STREET ADDRESS / 404 Higg	ZIP CODE Land Dr.	21037
1000	14 FA	Alfred "	Burton	1	Margaret	MIDDLE	Snyde	r r
Proper I		(AS DECEASED EVER IN U.S. ARM ES. NOOR UNKNOWN) (IF YES, GIVE	WAR ORD ATTEC	CURITY NO.	17 INFORMANT	ide E		Md.
equires that the death can a signed by the altending. Then please remore corbo to buriol, cremented or to injury, or other traumulic.	NOI	Conditions, if any, which gove rise to immediate cause iol, stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTIO	QUENCE OF	-	INAL DISEASE OR CONI	DITION GIVEN IN PART	Menths
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES []	
CLAN. T		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PART	7)
G PHYS otherding or this o and Me ked of th	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY		211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
TOR Ah for use a of Health		22a. I certify that (1) (the sow the deceosed alive an abave, (1) (we) (did) (did not	JUNE 20 19	01	429 , 1986 d that in (my) (000) apinian a	eoth accurred on the do	20 1986 Ite and hour and fram	that (1) (and ast the causes stated
PITAL OR A by the hos VERAL DIRECT Des detached 1. State Dept		22h SIGNATURE 22d PHYSICIAN'S NAME (19PE OR	V. Line	(ATTENDING PHYSICIAN 27e. ADDRESS	MEDICAL STAF	F	ne 21,1986
TO FUNE Should be with the 5	23a B	Charles V	V. Kinzer	MD	16 Murray	Ave Anna	yolis, M	aryland
BP	(:	Burial			Lows Cem.	Davidson		Md. STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	NERAL DIRECTOR Hardesty Fu b e	ral Home Ann	apolis,	Md. 250. DATE	UN 23 1986	256. REGISTRAR'S SIGN	IATURE

Se The Institute lang sauces & mouthed - San March 29 Ec June 15 66 -

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a DATE OF DEATH MONTH LITYPE OR PRINTS 5-SEX AGE (IN YEARS LAST BIRTHDAY) 7a BIRTHPLACE (STATE OR FOREIGN BALT MORE CITY OR COUNTY OF DEATH NEVER MARRIED WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION MARYLAND 2120 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME MIDDLE BALTIMORE 17. INFORMANT NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: poupobe PRESTON ST., IMMEDIATE CAUSE (a) à DUE TO, OR AS A CONSEQUENCE OF otte Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF otho underlying cause lost. 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. Sign RECORDS. CERTIFICATION 0 pee 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? a IN CERTIFYING CAUSES OF DEATH? hos bei DIVISION OF VITAL NO iol-transit Hygi 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH entol MEDICAL P.M LIF EITHER NOTIFY MEDICAL EXAMINER) ž 8 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION ã CITY OR TOWN pua AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) morked NOT WHILE AT WORK 220.1 certify that (1) (this hospital) ottended the deceased fram. .. 19. . to DIRECTOR sow the deceased alive on obave, (I) (we) (did) (did not) view the body after death. , and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated Dept. DEGREE 14-ATTENDING MEDICAL STAFF tote FUNERAL MPORTANT. PHYSICIAN DIRECTOR PHYSICIAN

DAVID G. McLEOD, M.D.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0

uld be on the Str

DHMH - 16 50M 4/83 (VRA 15, 4)

23ª BURIAL, CREMATION, REMOVAL

23¢ NAME OF CEMETERY OR CREMATORY

22e ADDRESS

25a DATE REC'D.

UROLOGY SERVICE, WALTER REED ARMY MED CTR. WASH, DC 20307-5001

YES T

COUNTY

., 19_____, that (I) (we) last

22c. DATE SIGNED

STATE

26 HOUR

12b. KIND OF BUSINESS OR

INDUSTRY

IF UNDER 24 HRS

The Strike and the set (north Hospital) and the line strate show Lingtond in 12 B was I was A feel Annual of Proposition beautiful book application will suggest book at in pass will x Wellogenad A A I a Com Applied and in the second section of the second sec CARLER OF PROSTATE HERISTANCE Out a. HE End, M.D. The will allegate the transmit will and the transmit which will be the company of the company of the party of

3++0	1.	FOR STATE REGISTRAR	DE	STATE OF MA PARTMENT OF HEALTH A CERTIFICATE	ND MENTAL HYGIENE	8 6 REG. NO.	15	7 8 6
on the stant. Page 4 may be controlled within 72 hours after death controlled and a control	3. SE 70 B	RTHPLACE (STATE OR FORESCH, SOUNIRY) LUMBUS'	The CITIZEN OF WHAT COULD A NAME OF HOSPITAL, NAME OF HOSPITAL, NAME OF HOSPITAL, OW	NTRY? 8 MARRIED NE WIDOWED NURSING HOME OR OTHER	VEAR VEAR 6. AC	GE (IN YEARS LAST BIRTH ALTIMORE CITY OR USUAL OCCUPATIO E OF WORK FOR MOST OF	ONTH DAY YEAR 31 8 ORAY) IF UNDER 1 YE MONTHS DAY YRS. COUNTY OF DEATH	MED OF BUSINESS OR
ST., BALTIMORE, MARYLAND 21 rith carte be exceeded within 24 has property that it is no paperty. Pages Against a house it is not a security file medical exceptions in the medical exceptions.	160	VAS DECEASED EVER IN U.S. ARA VES, NO OR UNKNOWN] 18 CAUSE OF DEATH IE INTER OR PART I. DE ATH WAS CAUSED	MIDDLE MED FORCES? 166 SOCIA E WAR OR DATES! Ly one cause per line for 50, 50, 50, 50, 50, 50, 50, 50, 50, 50,	RJOWN 13d INS	HER'S MAIDEN NAME FIRST FIRST	TREET ADDRESS / 3 07 (Welland Address / 8 1/2	Boris	2/2,2.5
low requires that the attentions should be prior to buried, committee only injury, or other traumone.	CATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION	teriode			20b. IF YES, WERE FIN	DINGS USED
DIVISION OF VITAL TTENDING PHYSICIAN The parol or attending physician TOR. After this certificate he for use as the buriol-tronsit p of Health and Mental Hygien 21 is marked or item 18 show	MEDICAL CERTIFICATION	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 218. IN JURY OCCURRED WHILE NOT WHILE AT WORK 270. I certify that (I) (this hospit saw the deceased alive on about 11 we did 1) (did not about 11 we did 1) (d	P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY, of tol) attended the deceased	H DAY YEAR 19 OFFICE FARM. ETC) 11. LOG	W INJURY OCCURRED (CATION STREET	CITY OR TOW	N COUNTY	NO STATE
TO HOSPITAL OR A retained by the has TO FUNERAL DIREC should be detached with the State Dept IMPORTANI: if tem		Lamuel	Rubin RUB 13b. DATE	236 NAME OF CEMETERY	Slade	EDICAL STAFF ECTOR DHYSICIA BILLOCATION CITY OF TOWN		re SIGNED Myd STATE

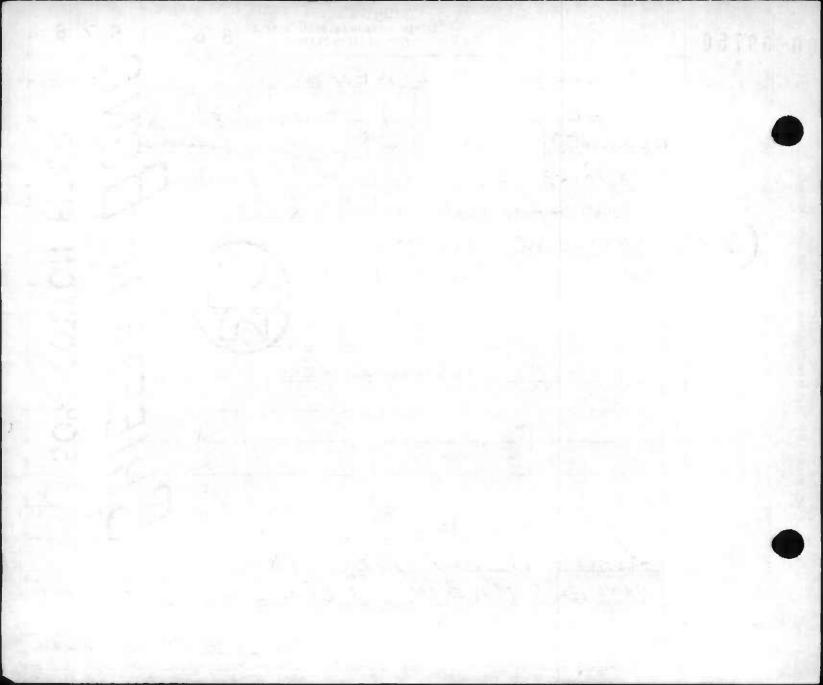
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Anatomy Board

Removal

5-31-86

Balto., Md.



DHMH - 16 60M 7/B (VRA 15, 4)

FOR STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY		5 / 8
REGISTRAR 1. DECEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 26 HOL
(TYPE OR PRINT) ROO	PER A:	BROGNEAUY	6 3	2686 4
Male	White	July 24, 1918	6 AGE (IN YEARS LAST BIRTHDAY) 67 YRS	MONINS DAYS HOURS
Penna	76. CITIZEN OF WHAT COUNTRY		RAITIMORE CITY OF COUNT	
Annapolis		ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I Bricklayer	12b. KIND OF BUSINI
DSUAL RESIDENCE (IF NURSING HO)	AE OR OTHER INSTITUTION, GIVE RESIDENCE EXCOUNTY 13c. CITY OR TO	ADMISSION) 13d. INSIDE CITY LIMITS?	136.STREET ADDRESS / ZIP COD	e 21
14 FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N	MIDDLE	LAST
Roger				Bois ng Branch
		-3646 Jane Brog	neaux, Glen Ber	nie Md. 2
PART I. DEATH WAS CA	er anly ane cause per l <u>ine</u> far (o), (b), o USED BY: DIATE CAUSE (o)	monia		APPROXIMATE INTE BETWEEN ONSET AN
Conditions, if ony, which gove rise to immediate couse lol, stating the underlying cause last PART 2 OTHER SIGNIFICA	DUE TO, OR AS A CONSEOL	UENCE OF DEATH BUT NOT REVATED TO THE TER DEATH BUT NOT REVATED TO THE TER		VEN IN PART Ita
190 DATE OF OPERATION 190 DATE OF OPERATION 100 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		S, WERE FINDINGS USE
	1-17			
OR CONTRIBUTING WALE	FOEATH HOUR A.M. MONTH	PAN YEAR 19 10 A	YES NO Y	
OR CONTRIBUTING CHANGED	FDEATH HOUR A.M. MONTH	PAY YEAR 19 20 LOCATION	YES NO Y	ES NO
OR CONTRIBUTING MISSO (IF ETHER NOTHY MEDICAL EXAP 21d. INJURY OCCURRED WHILE NOTHING AT YORK 220 1 certify that (1) (this h	F DEATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STIRE) ACTORY, OFFICE ospital) ottended the decaded fram	PAN YEAR 19 211 LOCATION SIREET NA	YES NO YES YES CITY OR TOWN	PART 1 OR PART 2] COUNTY
OR CONTRIBUTING MISSO (IF ETHER NOTEY MEDICAL EXAP 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220 1 certify that (1) (this h saw the deceased alim above, (1) (we) Idid (bi 22b. SIGNATURE	P.M. 21e PLACE OF INJURY (AT HOME STREET ACTIONY, OFFICE ospital) ottended the deceased from an 19- d natiview the body ofter death.	PAN YEAR 19 211 LOCATION STREET 19 19	YES NO YES YES CITY OR TOWN CITY OR TOWN deoth occurred on the date and ha	PART 1 OR PART 2) COUNTY
OR CONTRIBUTING MISSO (IF ETHER NOTEY MEDICAL EXAP 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220 1 certify that (1) (this h saw the deceased alim above, (1) (we) Idid (bi 22b. SIGNATURE	P.M. 11e PLACE OF INJURY (AT HOME STIRE) ICTORY, OFFICE cospital) ottended the deceased from 19- d natiview the body ofter death. W. W	PAY YEAR 19 211 LOCATION STREET A C, and that in (mylour) opinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	YES NO YE	PART 1 OR PART 2) COUNTY S 19 4 the Libert and from the causes ste
OR CONTRIBUTING MISSA (IF ETHER NOTHY MEDICAL EXAP 21d. INJURY OCCURRED WHILE AT NOTH HIP A 1 WORK AT YORK 226 1 certify that (1) (this h saw the deceased alian above. (1) (we) (did) (8) 22b. SIGNATURE	P.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET PLCTORY, OFFICE OSpital) attended the deceased from 19 d not view the body ofter death. WAL DATE - 23c.	PAY YEAR 19 211 LOCATION STREET A C, and that in (mylour) opinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	YES NO STAFF O DIRECTOR PHYSICIAN AMEDICAL STAFF DIRECTOR PHYSICIAN 23d. LOCATION CITY OF TOWN	COUNTY COUNTY COUNTY 19 00, the LID ur and from the causes st 22c. DATE SIGNED COUNTY PART 1 OR PART 2)

en op de o volume de outre plantes de la complete d SE, affect the contract from the contract to the contract of t

Prode Shoule Shoule Maca Had Interne Congo his les hango pothy - 18 - I 75 48 Expense an - 121 Medis

						OF MARYLAND				
19036	1.	FOR STATE REGISTRAR			CERTIFI	ALTH AND MENTAL HY CATE OF DEATH	Ö Ö REG. N	0.	/ 8	9
e =		OR PRINTI	1	WIDDLE	1/	ST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR	R
poge 3			jarko.	T	R	rown		6-1-	-86 181	0 M
rs ofter	3. SE:	m	4. RACE	2	5. DATE O	OAY YEAR	6 AGE (IN YEARS LAST BI	MONTHS	DATS HOURS	24 HRS MIN.
Jones Jones	7o. BI	RTHPLACE (STATE OR FORE	IGN 76. CITIZEN OF	WHAT COUNTRY?	8.	- 24-86	9 BALTIMORE CITY	11/2	ATH	
(20)	MA	RYLAND	U.S.A	. •	WIDOWE	NEVER MARRIED X		UNDEL COU		MD.
3	1	nna Dolis	(IF NOT IN SUC	HOSPITAL, NURSING FACILITY, GIVE STREET A		OTHER INSTITUTION	12a USUAL OCCUPAT		KIND OF BUSINES OUSTRY	SS OR
35	13a. S	AL RESIDENCE HE NURSING				13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE PO	2140	23
02/	14. F.A	THER'S NAME AARON	WIDDLE	BROWN	P	15 MOTHER'S MAIDEN NA	WIOOLE	(Dobsor	2
) /		VAS DECEASED EVER IN 1 (185, NO OR UNKNOWN)	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	166 SOCIAL SECUI	RITY NO.	AARON BROWN		Md. 21403 ort Terra	ice	
Then please remaye cor ta burial, crematian, ai injury, ar other traumati	NOI	underlying couse I	hich (b)	r as a conseque	NCE OF	NOT RELATED TO THE TERM	ainal disease or con	IDITION GIVEN IN	PART 110	
permit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDI	ITION FOR WHICH	OPERATION	I WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERI IN CERTIFYING (YES [E FINDINGS USED CAUSES OF DEATH NO	H?
uriol-tronsit		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	URY IN ITEM 18 PART 1 OR	PART 2)	
and A ked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE (21f LOCATION STREET	CITY OR TO	OWN CO	DUNTY ST	TATE
f Health		220.1 certify that (1) (thi		e deceased from_		. 19	, to	. 19	, that (I) (w	ve) lost
of H	100	sow the deceosed of obove, (i) (we) (did)	dive on (did not) view the body	ofter death.	, on	d that in (my) (our) opinion	deoth occurred on the d	ate and hour and f	iom the couses stat	ted
detoched ote Dept. VT: If Hem	-	NO MATURE NO MATURE	h Hol	Lu	M.	ATTENDING PHYSICIAN	MEDICAL STA		C-8-86	
should be deto with the Stote I		THE PHYSICIAN'S NAME	,			22e ADDRESS				
F 5 5 5	Bt	SURIAL, CREMATION, REAL SPECIES	6-11-1	1986 PII	NELAWN	MEM. PARK	Annapoli			nd
H - 16 60M 7/84 VRA 15, 4)		INERAL DIRECTOR LLIAM REESE	Annapolis,			25a. DA	N.1 O 1986	256. REGISTRAR'S		har

and was one of the second seco the same of the same of

-1/29/		STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 15 / 9 0 CERTIFICATE OF DEATH REG. NO.
nay be page 3		Puby Theresis Parker Brown 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR SPANNED PUBL 25, 86 3PM
ge 4 may	3 SE	B, DATE OF BIRTH DAY 35 1908 78 YRS. IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
orh. Pog 72 hour		RTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
offer de	10 CI	TY OR TOWN OF DEATH, 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 110. KIND OF BUSINESS OR 111. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 1120. USUAL OCCUPATION 1220. USUAL
24 hours	せらU / 13a S	AL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION
d within	I4 FA	THER'S NAME 15. MOTHER'S MAIDEN NAME CAPULLING MIDDLE MC GOWAN LEWIS PARKER CAPTILE CAPULLING MC GOWAN
e e c c c c c c c c c c c c c c c c c c		VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS TOTAL SES, NO OR YNKNOWN) (18 YES, GIVE WAR OR DATES) 213-26-0350 MAYIOTIE NUMBER 21 COLLEGE Crack
oficate by		18 CAUSE OF DEATH lEnter only one couse per lige for al. (b), and ic PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) WHO THE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)
treets treets treets treets		DUE TO, OR ASIA CONSEQUENCE OF Conditions, if only, which
by the at an an are removed as the transfer tran		gove rise to immediate cause (a), stating the underlying cause last.
equires that is signed. Then provide the provided that is signed.	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
rcion. The law re te has been ssit permit. Gjene prior	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
ZX Sof w		210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 210. TIME OF INJURY 210. TIME OF INJURY 210. TIME OF INJURY 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2 210. TIME OF INJURY IN ITEM
DING PHYSICIA or ottending ph After this certifi e os the buriol-tr oith and Mental marked or them 1	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE FARM, ETC.] WHILE OF INJURY OCCURRED AT WORK OF INJURY [AT HOME, STREET, FACTORY, OFFICE FARM, ETC.] STREET CITY OR TOWN COUNTY STATE
TEN TOR OF US		22a.1 certify that (1) (thic hoppinal) attended the deceased from 1900 to 1900 that (1) (methos) sow the deceased alive on 6/257 Pro (Arm 19 ond that (n (my) tour topinion death occurred on the date and hour and from the causes stated above, (1) (method) view the body after death
AL OR ATTE v the hospital AL DIRECTO detached for ote Dept. of VI; if frem 21		DEGREE DEGREE
HOSPII Inned by FUNER Sold be the St		Errol A. Phillip M.D. 1835 Fores Drive ANNApolis
BP	230 E	URIAL, CREMATION, REMOVAL 236, DATE 236, NAME OF CEMETERY OR CREMATORY 23d LOCATION AND COUNTY OF COUNTY O
DHMH - 16 60M 7/84 (VRA 15, 4)	24. FU	INERAL DIRECTOR 1250 DATE RECD. BY REGISTRAN 256 REGISTRAN'S SIGNATURE 1250 DATE RECD. BY RECD. BY REGISTRAN'S SIGNATURE 1250 DATE RECD. BY RECD. BY REGI

He as the state break for the sail had First assets 28 assets as a second Market Service STATE WAS INTEREST BASEL TOWNSHIELD MARCHIE TO MARCHE & C. P. C. MARCHETT SINCE Would all avenue a company of the facility NOTE STATE BANGE AND THE STORES OF THE English to Penglish And 1825 Print Corner HWALPRING but the in the point of the second contract C. E. HICKS FINNELLES MILE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0619	1.	FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR REGISTRAR
office 24 hours oth death. Page 4 may be treit, filled in by the turkust director, page 3. 2 shauld be filled within \$2 hours after death meetings to so a factor of the filled of other standards.	70. BI	CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR ORPRINT) SEAD M. BURKE JUBE 22 1986 330 AM
that the death certificate be executed by the attending physician and complicate remove corbanipapen. Pages I dra centofical, or removal, as other traumatic event, the medical real	16a V	AS DECEASED EVER IN U.S. ARMED FORCES? 18 CAUSE OF DEATH (Enter only one cause per line factor), (b), and (c). PART I. DEATH WAS CAUSED BY: (MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stafting the underlying cause lost. (c) DUE TO, OR AS A CONSEQUENCE OF
4DNG PHYSICIAN, The law equirer or otherding physician. c. After this certificate has been signs are as the birriol framit permit. Then p cells and Memid Hygene prior to but is marked as them 18 shows any many.	MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOT YES NO NO NO NOTIFIED NO NO NO NOTIFIED NO NO NO NOTIFIED NO NO NO NOTIFIED NOTIFIED NO NOTIFIED NO NOTIFIED
BB CHUNERAL DRECTOR TO FUNERAL DRECTOR THOSIG A detected for use the Superported for use the Superport of	23n E	saw the deceased alive and the land of the

and the second of the second and the second Secretary in the first term of the contract that are in the secretary in the second of That the most of the North and the said of the and the second s Maringanit Care Contract and the

	Pe
	death. Fags A may be
-	Po
U	death
= 2	TTENDING PHYSICIAN: The low requires that the depth certificate be executed within 24 hours after a
27	8
9	24
YLA	-
A A	* 70
w	9
NO.	1
1	40
à	Heat
15	1
0	40
PRESTON ST., BALTIMORE, MARYLAND 2120	80.4
3	5
0	#
5, 2	1
ORG	180
REC	0
TAL	The
<u> </u>	AN
IVISION OF VITAL RECORDS, 201 W. PR	YSIC
ISIO	H
AG	NG
	END
	F

TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the department of extracted for executed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been lighted by the ottending physician and should be detached for use as the burial-transit permit Then please remove carbonization. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

00-10851

ral director, page 3

	FOR			E OF MARYLAND	CIENE	
1.	= STATE REGISTRAR	U		EALTH AND MENTAL HY	8 6	5 / 200
1. DE	CEASED NAME FIRST	MIDDLE		AST	REG. NO.	DAY WAR DE HOUR
	PE OR PRINT)		DITO	ON		
3. SE	EVELYN	14. RACE	BURT 5. DATE C		JUNE 23	85 10:48
	EMALE	CAUCASIAN	MONTH		07	MONTHS DURS MIN
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	IINTRY? 8		9. BALTIMORE CITY OR COUNTY	OF DEATH
	country) rginia	U.S.A.	MARRIE	D NEVER MARRIED DIVORCED		
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME C		ANNE ARUNDEL	12b. KIND OF BUSINESS O
	CV CUT DUDATE	(IF NOT IN SUCH FACILITY, G		r·ra c	(TYPE OF WORK FOR MOST OF WORKING LIFE	Self Emplo
Usu	GLEN BURNTE	NORTH ARUN	NCE REFORE ADMISSION)			-
	aryland 3b COU	A A Pas	or town adena	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 7816 East Road	d 21122
_	ATHER'S NAME	11.	aaona	15. MOTHER'S MAIDEN NA	AME	
D	Unkr Unkr	NOWN	LAST	FIRST	Unknown	LAST
	WAS DECEASED EVER IN U.S. A		IAL SECURITY NO.	17. INFORMANTAGEN	a, Marylands 211	22
((YES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)	36 4059		holson 7816 Ea	
	18 CAUSE OF DEATH (Enter of	only one couse per line for to				APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	PART I. DEATH WAS CAUS	3 days				
	IMMEDIA	ATE CAUSE (U)	plu.	376-00		120,44
		DUE TO, OR AS A CO	A		0	15.1.
	Conditions, if ony, which	(b) 1	schene	u Osa		16 11011 A
						- Days
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF			- July s
		DUE TO, OR AS A CO	ASCUI	b		Years
7	couse (a), stating the underlying cause lost	(c)	ASCUI)	, MINAL DISEASE OR CONDITION GIV	Years EN IN PART No
TION	couse (o), stoting the underlying couse lost PART 2. OTHER SIGNIFICANT	(c)	ASCUI	NOT RELATED TO THE TER/		
FICATION	couse (a), stating the underlying cause lost	(c)	ASCUI	NOT RELATED TO THE TER/	200 AUTOPSY? 206. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
RTIFICATION	PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION	(c)	ASCUI	NOT RELATED TO THE TER/	200 AUTOPSY? 100. IF YES IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
L CERTIFICATION	couse (o), stoting the underlying couse lost PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ASCUI ING TO DEATH BUT R WHICH OPERATIO	NOT RELATED TO THE TER/	200 AUTOPSY? 206. IF YES	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
	PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	CONDITIONS CONTRIBUTE 196. CONDITION FOR 216. TIME OF INJURY HOUR A.M. MON P.M.	ASCUING TO DEATH BUT WHICH OPERATION WITH DAY YEAR 19	NOT RELATED TO THE TER/ N WAS PERFORMED 71c HOW INJURY OCCUP	200 AUTOPSY? 100. IF YES IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
MEDICAL CERTIFICATION	Cause 101, stating the underlying cause lost PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHEY MEDICAL EXAMIN 21d. INJURY OCCURRED	CONDITIONS CONTRIBUTE 196. CONDITION FOR 216. TIME OF INJURY HOUR A.M. MON	ASCULING TO DEATH BUT R WHICH OPERATIO NTH DAY YEAR 19	NOT RELATED TO THE TER/	200 AUTOPSY? 100. IF YES IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
	PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	196. CONDITIONS CONTRIBUT 196. CONDITION FOR 196. CONDITION FOR HOUR A.M. MON P.M. 216. PLACE OF INJURY	ASCULING TO DEATH BUT R WHICH OPERATIO NTH DAY YEAR 19	NOT RELATED TO THE TER/ IN WAS PERFORMED 21c HOW INJURY OCCUP	200 AUTOPSY? YES NO FINANCE OF INJURY IN ITEM 18. P.	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO ART LORPART ?)
	Cause 101, stating the underlying cause lost PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHEY MEDICAL EXAMIN 21d. INJURY OCCURRED	19b. CONDITION FOR 19b. CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTOR)	ING TO DEATH BUT R WHICH OPERATIO NTH DAY YEAR 19 Y Y, OFFICE, FARM, ETC.)	NOT RELATED TO THE TERM IN WAS PERFORMED 21c HOW INJURY OCCUP 21f LOCATION STREET	200 AUTOPSY? YES NO PER NATURE OF INJURY IN ITEM IB. P. CITY OR TOWN	COUNTY STATE
	PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTHY MEDICAL EXAMIN 21d. INJURY OCCURRED	CONDITIONS CONTRIBUTE 196. CONDITION FOR 196. CONTRIBUTE 197. CONTRIBUTE 19	R WHICH OPERATION NTH DAY YEAR 19 Y Y, OFFICE, FARM, ETC.)	NOT RELATED TO THE TERM IN WAS PERFORMED 21c HOW INJURY OCCUP 21f LOCATION STREET	200 AUTOPSY? YES NO FINANCE OF INJURY IN ITEM 18. P.	COUNTY STATE
	PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTHY MEDICAL EXAMIN 21d. INJURY OCCURRED	19b. CONDITION FOR 19b. CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTOR)	R WHICH OPERATION NTH DAY YEAR 19 Y Y, OFFICE, FARM, ETC.)	NOT RELATED TO THE TERM IN WAS PERFORMED 21c HOW INJURY OCCUP 21f LOCATION STREET	200 AUTOPSY? YES NO PER NATURE OF INJURY IN ITEM IB. P. CITY OR TOWN	COUNTY STATE
	PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHEY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE A WORK 11 CONTRIBUTION OF THE CONTRIBUTION OF	CONDITIONS CONTRIBUTE 196. CONDITION FOR 196. CONTRIBUTE 197. CONTRIBUTE 19	R WHICH OPERATION NTH DAY YEAR 19 Y Y, OFFICE, FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUP 21f LOCATION STREET	YES NO DE YES IN CERTIFE YES OF INJURY IN ITEM 18. P	COUNTY STATE
	Couse (o), storing the underlying couse lost PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHER MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTHER MEDICAL EXAMIN 21d. INJUR	(c) (CONDITIONS CONTRIBUTED TO THE CONDITIONS CONTRIBUTED TO THE CONTR	R WHICH OPERATION NTH DAY YEAR 19 Y Y, OFFICE, FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCUP 216 LOCATION STREET DEBREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO DIENTER NATURE OF INJURY IN ITEM 18 P CHY OR TOWN death occurred on the date and hour	COUNTY STATE
	PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHEY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE A WORK 11 CONTRIBUTION OF THE CONTRIBUTION OF	(c) (CONDITIONS CONTRIBUTED TO THE CONDITIONS CONTRIBUTED TO THE CONTR	R WHICH OPERATION NTH DAY YEAR 19 Y Y, OFFICE, FARM, ETC.)	NOT RELATED TO THE TER/ IN WAS PERFORMED 216 HOW INJURY OCCUP 216 LOCATION STREET 10 11 12 13 14 15 16 17 18 18 18 18 18 18 18 18 18	200 AUTOPSY? YES NO PERMITTED	COUNTY STATE
MEDICAL	PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE CAUSE THE CONTRIBUTION OF CONTR	196. CONDITIONS CONTRIBUT 196. CONDITION FOR 216. TIME OF INJURY HOUR A.M. MON P.M. 216. PLACE OF INJURY (AT HOME STREET, FACTOR) 217. PLACE OF INJURY (AT HOME STREET, FACTOR)	ING TO DEATH BUT R WHICH OPERATIO NTH DAY YEAR 19 Y, OFFICE, FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUP 21f LOCATION STREET ATTENDING PHYSICIAN 17e. ADDRESS.	200 AUTOPSY? YES NO D	COUNTY STATE
MEDICAL	COUSE (0), stating the underlying couse lost PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d, INJURY OCCURRED NOT WHILE NOT WHILE SHOPE OF D TO THE SIGNIFICANT OF	196. CONDITIONS CONTRIBUT 196. CONDITION FOR 216. TIME OF INJURY HOUR A.M. MON P.M. 216. PLACE OF INJURY (AT HOME STREET, FACTOR) 217. PLACE OF INJURY (AT HOME STREET, FACTOR) 218. PLACE OF INJURY (AT HOME STREET, FACTOR)	ASCUING TO DEATH BUT R WHICH OPERATIO NTH DAY YEAR 19 Y V, OFFICE, FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUP 21f LOCATION STREET ATTENDING PHYSICIAN 17s. ADDRESS	200 AUTOPSY? YES NO D YE	COUNTY STATE CO
WEDICAL CT	PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHER MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE CAUSE OF D WHILE NOT WHILE CAUSE OF D WHILE CONTRIBUTION TO I CONTRIBUTE CONTRIBUTION TO I CONTRIBUTE CONTRIBUTION WHILE CONTRIBUTION TO I CONTRIBUTE BURIAL, CREMATION, REMOVE (SPECIFY) CEMATION	196. CONDITIONS CONTRIBUT 196. CONDITION FOR 216. TIME OF INJURY HOUR A.M. MON P.M. 216. PLACE OF INJURY (AT HOME STREET, FACTOR) 217. PLACE OF INJURY (AT HOME STREET, FACTOR)	ASCUING TO DEATH BUT R WHICH OPERATIO NTH DAY YEAR 19 Y V, OFFICE, FARM, ETC.)	NOT RELATED TO THE TER/ IN WAS PERFORMED 216 HOW INJURY OCCUP 216 LOCATION 216 LOCATION 217 LOCATION 217 LOCATION 218 LOCA	200 AUTOPSY? YES NO D YES NO D YES NO D YES ORED (ENTER NATURE OF INJURY IN ITEM 18. P) CITY OR TOWN A death occurred on the date and how MEDICAL PHYSICIAN D AND CONTROL PHYSICIAN D WY Catonsville	COUNTY STATE CO
23a Cr 24 F	PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE CAUSE WHILE NOT WHILE CAUSE WHILE NOT WHILE CAUSE BURIAL CREMATION, REMOVE CSPECIFY COMMAND BURIAL CREMATION, REMOVE CEMATION FUNERAL DIRECTOR	196. CONDITIONS CONTRIBUT 196. CONDITION FOR 216. TIME OF INJURY HOUR A.M. MON P.M. 216. PLACE OF INJURY (AT HOME STREET, FACTOR) 217. PLACE OF INJURY (AT HOME STREET, FACTOR) 218. PLACE OF INJURY (AT HOME STREET, FACTOR)	ASCULING TO DEATH BUT RIWHICH OPERATION NTH DAY YEAR 19 Y. OFFICE, FARM, ETC.) 123c. NAME OF C. Westv.	NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCUP 216 LOCATION STREET ATTENDING PHYSICIAN 276 ADDRESS LEMETERY OF CREMATORY LOCATION 250. DA	200 AUTOPSY? YES NO D YE	COUNTY STATE CO

	1000			
			7 7	5
5 100	6. 511		746	
nosen Rado	- 0 c c c c c c	z)	7 3 4 5	115 115
	1		nitrocal at	7
		7		671
Land No.				
	AL A			
		100		
ten to ran gold				

-	Inomas	L. Days	Jara	ADDRESS	Cauer
100	DECEASED EVER IN U.S. ARME	PAR OR DATES	17 INFORMANT	ADDRESS	same as
	TES 11942-	1943 564-10-9031	ol Evelyn M	1. Duys-	#13
	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED I	ane cause per line far (a), (b), and (c)	0	0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE	1.1120	Cancer		Mary Control of the C
		DUE TO, OR AS A CONSEQUENCE OF			1 10 00 1400
	Conditions, if any, which	(b)			
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF			
	underlying couse last	(c)			
	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BU	IT NOT REVAYED TO THE TERMIN	WAY DISEASE OR CONDITION	GIVEN IN PART Tro
o o	COPY	Depremo	+ HASCU		
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
SI €	6. 100			YES NO	YES NO
3 8	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY YEA		ED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART ?)
13	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19			
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)	211 LOCATION	CITY OR TOWN	COUNTY STATE
1 2	MHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE, FARM, ETC.)	Lilia M	15	04
1	22a. I certify that (1) (this hospital		10 19 80	, ta	. 19 , tha (1) (we) last
	saw the deceased olive an abave, (1) (we) (did not) v	6 6 16 19 19	and that in (ny) opinian de	eath occurred on the date and	hour and from the couses stated
	70 SIGNATURE -	701	DEGREE	7310 JUN 1	22c DATE SIGNED
	ATULLI Y	Origh	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/6/84
	224 PHYSICIAN'S NAME (TY) GRP	RINT)	22e ADDRESS	A	٨
	Mid. Lark	NOTE MA	103610	INGS AVE	ANWAPTLY
23a	BURIAL, CREMATION, REMOVAL	23b DATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION	
1	Durial	June 9,1986 La	Kemont	Davidsonv	110 AA MI
24	UNERAL DIRECTOR	3 1,0 1,1 1,0	25a DATE	REG'D BY DEGISTRAR 256. REC	GISTRAR'S SIGNATURE
1	NAME FALLS TO S	Oben I ADDA	In a Mil	1 2 1900	22.00
	I GIVE I II WENG	I I LANDETE LIMITOR	WILL THE		

STATE OF MARYLAND

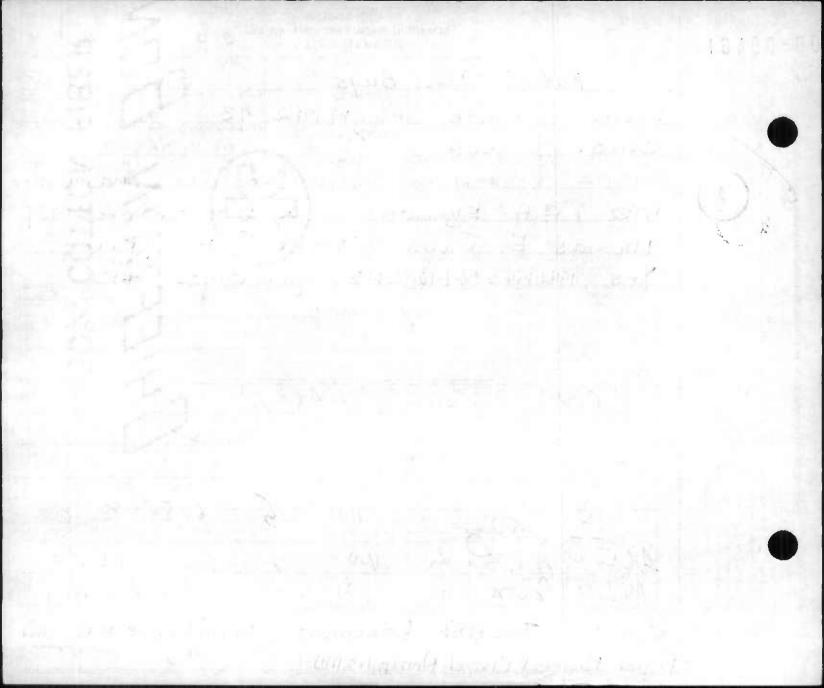
2b HOUR

IF UNDER 24 HRS

1986

IF UNDER I YEAR

DHMH - 16 60M 7/B4 (VRA 15, 4)



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6 REG. NO.	1	5	1	9	
---	---------------	---	---	---	---	--

REGISTRAR			CERTIF	ICATE OF I	DEATH	8 O REG. N	0.	2	1		
I DECEASED NAME FIRST		MIDDLE		AST		20. DATE OF DEATH	MONTH	DAY YE	AR	26 HOUR	2
BERTHA	A.		CASSE	LL			6	22 8	36	10:1	5P M
3 SEX	A RACE		5. DATE C			6 AGE (IN YEARS LAST BIE		IF UNDER T	YEAR	IF UNDER 2	24 HR5
Female -	W		MONTH 1	8	1900	86	YR5.	MONTHS	DAYS	HOURS	MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMORE CITY		Y OF DEAT	TH		
W. Virginia	U.S.		WIDOWE	D NEVER	VORCED T	Anne Aru	indel				MD.
IO CITY OR TOWN OF DEATH	North A	HOSPITAL, NURSING HEACILITY, GIVE STREET A Arundel He	G HOME CONDERESS)	R OTHER INS		12a USUAL OCCUPAT 11YPE OF WORK FOR MOST O Housewi	10N OF WORKING			8USINES	_
		GIVE RESIDENCE BEFORE 13c CITY OR TOWN Ellicott	V	250	NO 🗌	13e. STREET ADDRESS 8626 Sout	h Ba	Li Cou	irt	04.	3
James	MIDDLE (Galford			S MAIDEN NAM FIRST Ena	WIDDLE		Gre	LAST		
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? SIVE WAR OR DATES)	232-22-49		Velma	Ridgley	8626 Sou	th Ba	ali Co	10.15	t	
Conditions, if any, which gave rise to immediate cause al, stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(c)	R AS A CONSEQUE		NOT RELATED	TO THE TERMI	nal disease or con	IDITION G	IVEN IN PA	RT 1ra		
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	IN CERT	ES, WERE F IFYING CA	INDINO USES C	GS USED OF DEATH	1?
OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED NOT WHILE	P. 21e PLACE	m. month da m.	19	21f. LOCATION STREET		ED (ENTER NATURE OF INJU	RY IN ITEM 18				ATE
270.1 certify that (I) (this hosp the igceosed alive a like) (did raid in 170.5 (On 17	at; view he bady	after death.	-	DEGREE A	ATTENDING PHYSICIAN A	MEDICAL STA DIRECTOR PHYSIC PARLMA COURT ROA COURT ROA	FF CIAN .	220.0	DATE S	fat (1) (windows state	
230 BURIAL, CREMATION, REMOVA	-		AME OF C	EMETERY OR	MANUALL	STOWN MAR-	TLANE	COUNTY		S1/	ATE

Crestlawn

DHMH - 16 50M 1/81 (VRA 15, 4)

WPORTANT, IF IS

Inc. "4112 Old Columbia Pike, Ellicott City, Md.

City Howard Me R256 REGISTRAT S IGNATURE

Ellicott Ci 250 DATE REC'D. BY REGISTRAR 256.

SECTION OF SE			JASSERL,		A.	A. 1863
		6067 0	1			- 915:07
	Inbutta non-					niningsiV .
	donaeside		intimof	Inhmus n		
	And South Sa		x S Yell :	Localin		
		som!		broaded -		about.
Amen ili.	In and the	vol hill a	Dev CR			
		14.8				
Howard Rd.	Julicost City,	einni Tiga	Cresting 7 Funeral cost Sick		kawio i	erini fine 4112 Old

may be

and 2 shauld be completely filled

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co-should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removal.

retained by the hospital or attending physician.

BP.

injury, or ather troumatic event, the

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

1 - STATE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

86 15795

	REGISTRAR		Carolina Gorge			REG.	NO CA		1	
DE	CEASED NAME FIRST CORDINATE EDITH	EVER	ETT CH	ENOWETH		JUNE		1986	26 HOL 224	JR AM
3. SE	X	4. RACE	5.	DATE OF BIRTH		6. AGE (IN YEARS LAST I	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER	7 2 4 HR 5
2.9	Female	Whi	te	9 9	vear 06	79	YRS.	MONTHS DAYS	HOURS !	MIN.
7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	AARRIED A NEVE	B AAABBIED []	9 BALTIMORE CITY				
	Maryland		S.A. w	IDOWED [DIVORCED			COUNTY		MD.
	GLEN BURNIE	NORTH	HARUNDELET HO	SPITAL	ISTITUTION	(TYPE OF WORK FOR MOS Seams tre	T OF WORKING L	IZB. KIND O INDUSTRY UNIFO		ESS OR
130. S Ma.			I3c. CITY OR TOWN Pasadena	13d. INSIDE	CITY LIMITS?		s / zip cod an Roa		.22	
14 FA	ATHER'S NAME Herbert	MIDDLE	Everett		Alice	ME MIDDLE		Wes		
	VAS DECEASED EVER IN U.S. A		166. SOCIAL SECURITY	NO. 17. INFOR	MANT	GAPP	HSBurr	nie Md 2	21061	
(YES, NO ORUNKNOWN) (IF YES, GI	IVE WAR OR DATES)	212-97-689	Pat:	riçia P.	Sanner 50	6 lst			
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA		line for (h), (b), ond (c	While	Hear	Failm		BETWEEN	MATE INTE	RVAL DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	(b)	R AS A CONSEQUENCE	mc a	andro	mop all	m	Jeo	w	
NO O	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DEA	IH BUT NOT RELAT	ED TO THE TERM	AINAL DISEASE OR CO	NDITION GI	VEN IN PART 110)	
CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPE	RATION WAS PER	FORMED	20a AUTOPSY? YES NO	IN CERTI	S, WERE FINDIN FYING CAUSES ES []		TH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DAY	YEAR	INJURY OCCUR	RED (EMTER NATURE OF IN	PURY IN ITEM 18	PART I OR PART ?)		
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (JAT HOME, STR	OF INJURY SEET, FACTORY, OFFICE, FARM,	211 LOCA STR		CITY OR	TOWN	COUNTY		STATE
	22a I certify that (I) (this hasp saw the deceased alive or above the (we) (dtd) (did no	0 6	19/15	, ond that in (m	y) (our) opinion	deoth occurred on the	date and ha		that (I) (couses st	
	228. SIGNATURE TO THE TYPE	OR PRINT!	why	DEGREE 22e ADDR		MEDICAL ST DIRECTOR PHYS HOSPITAL		22c PATE	SIGNED 2.08	F6
		HERLIHY	, M.D.			VIE, MARYLA		061	200	
	BURIAL, CREMATION, REMOVAI ISPECIFY) Burial	23h DATE /8		e of cemetery o lawn Ceme		23d LOCATION CITY OF TOWN WOOdlaw.		alto	M	STATE d
	eorge J. Gonce	4001 R:	itchfe"Hgw	r Balto N	1d 250 P3	UNA BY REGISTRA	R 256 REGIS	Delig deservi	Histor	1700

George J. Gonce 4001 Ritchfe Hgwy Balto Md

DHMH - 16 60M 7/B4 (VRA 15, 4)

2 FI 2 I	0 0	A DESCRIPTION OF THE PROPERTY	200
	Elekar,		
		The state of the s	
		Town to the second to the second	
		nector description . The description	
	mus patinal .		
8 2 Wilter (17) (20) L	DE YOUR THE	NO SELECTION OF THE SECURITY O	
in the line		Carlotte Transport Williams	
	3 30	the armost the standard from the control of the con	

23b DATE

FOR

REGISTRAR

DECEASED NAME

- STATE

(TYPE OR PRINT)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

20 DATE OF DEATH MONTH

2b. HOUR

IF ONDER TYEAR IF UNDER 24 HRS

9. BALTIMORE CITY OR COUNTY OF DEATH

una 12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO []

YES [

STATE CITY OR TOWN COUNTY

and that in (my) (our) apinian death accurred on the date and hour and from the causes stated

221. DATE SIGNED STAFF

PHYSICIAN DIRECTOR PHYSICIAN

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/83 (VRA 15, 4)

230. BURIAL, CREMATION,

24 EUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

Signleton Funeral Home

24 FUNERAL DIRECTOR

Glen Burnie, Md.

JUN 10 1088 Julis Devidon Rendese

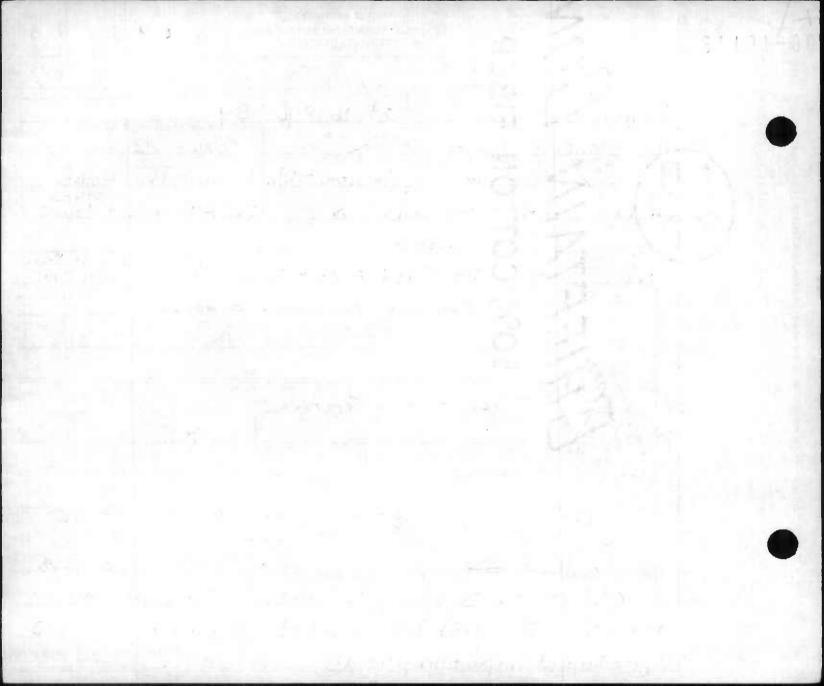
Comment down \$ 4 4

201	
2	
LAND	
RYLAN	,
AA	
LTIMORE,	
BALT	
-	
S	
ő	
PRESTON	
×	
201	
RECORDS	
AL	
VII	
54.	
DIVISIONO	

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

10

	1 F	ilm G616 item 14,15		STATE OF MARYLAND		
		FOR 6/26/86 rg	a DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE O 6	15/98
10113	1	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST		ONTH DAY YEAR 26 HOUR
oge 3 deoth	(TYPE	Catherin	o B	Clemens	6	0 18 86 8 25 m
poge poge	3 SE		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHE	
A office A	F	emala	1.16.40	Oct. 16,1896	89	MONTHS DATS HOURS MIN
Page	76.8	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	9 BALTIMORE CITY OR	COUNTY OF DEATH
oth.	70	CQUNTRY)	1150	MARRIED WEVER MARRIED	ALLINA	10.1.1
de thun	10.0	TY OR TO WOF DEATH	11. NAME OF HOSPITAL, NURS	WIDOWED DIVORCED DIVORCED	12a USUAL OCCUPATION	N 126 KIND OF BUSINESS OR
d w) 5	1	ATE NOT IN SUCH EACILITY, GIVE STRI	EET ADDRESS)	(TYPB OF WORK FOR MOST OF V	VORKING LIFE) INDUSTRY
nus e fille	- USU	APPESIDENCE LIE NURSING HOMBO	POTHER INSTITUTION GIVE RESIDENCE BEF	na Lonvelscent Intr	: Home Ma	
4 ho	13a	STATE 13b COU	NTY . I 134 CITY OR TO	WN 136 INSIDE CITY LIMITS?	13e STREET ADDRESS / 7	1 4 4
thoy fill		IID INH	A Honas			rragut Court
with with	1	ATHER'S NAME	MIDOLE LAST	15. MOTHER'S MAIDEN NA	WIOOFE	LAST
be de de		illiam Weihrauch	COHY	Mary Mary	Ellen	Deady
ond c Poges	16a V	VAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOGIAL SE	CURITY NO. 17 INFORMANT	(50	9 Riverdale Drive
no oe e	1	NO .	- 213-48-	0004 Mobert C	emens-fina	
ote b pperson vol.		18 CAUSE OF DEATH (Enter o	nly ane cause per line far (a), (b),	and (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ph)	15	PART I. DEATH, WAS CAUSE IMMEDIA	TE CAUSE (a) PROCA	BLE Almovore	y Embour	×
ding arbic or re	1	801	DUE TO, OR AS A CONSEC	DUENCE OF		
deat ove o	100	Conditions, if any, which	((b)		Pall	
the character of the certification of the certifica		gave to immediate ceuse to mediate	DUE TO, OR AS A CONSEC	DUENCE OF		
by ase		underlying Coline last.	1 - 10			
aned n plec		PART ZAOTHE SHOW IC MT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDI	TION GIVEN IN PART TO
The Tro h	NO.	1 1 1 14°	REDEN -	HIP FRACTURE		
bee mit.	CATION	IN THE OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
he loon.	5	My 710/1,	· · · · · · · · · · · · · · · · · · ·		YES NO NO	YES NO
N T N T Wysici Mysici Physici	3	M. H. Jah J. Jak of Soft sines [216. TIME OF INJURY	DAY YEAR	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART : OR PART 2)
Ctar physical political	1 4	O CHEST TO THE WINDS CHIEF	RIM .	19		
ding ding ding Meri	MEDIC	NA AND OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	N COUNTY STATE
ond ond	N.	Land By HOLMHITE [(AT HOME STREET, FACTORY, OFFIC	E, FARM, ETC) STREET	CITTORTOWN	COUNTY
Or Or Aft	1	220 certify that The has	ital) attended the deceased fran	6-12 19 81	10 6-18	19 86 thow D(we) lost
TTEN Portal for us of He	0	the deceased ofpy or	20-11 19		death accurred on the date	and hour and Iram the causes stated
hosp hosp hed f hed f lept	7	224: SIGNATURE	others the body after death.	DEGREE		22c DATE SIGNED
5 0 0 m		01	1/	ATTENDING	MEDICAL STAFF	NO 6-18-84
to FUNERAL hould be del		THE PHYSICIAN'S NAME (THE	DE PERSIT	22e ADDRESS	DIRECTOR DI PHISICIA	16 11-04
or HOSP etoined TO FUNI should b with the		A Cas	-0 1	132111.1.	. A A A.	asia l'a mil
of of short	220	BURIAL, CREMATION, REMOVAL	23b DATE 23	NAME OF CEMETERY OR CREMATORY	123d LOCATION	napolismu
D.D.	230	ISPICIFY)	TC 1000 11 1001 1	1 1 11 1 1	CITY OF TOWN	COUNTY
BP	24 5	UNERAL DIRECTOR	wuned, 19861	18W Cathedral	TE PECID BY REGISTRAPIZE	b REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/84	1	HAME	AO AODRES			1. 1. Deindom
(VRA 15, 4)	1	Mor Junera	1 Chrosh 400	apo 175. M)	UN 2'0 1986	The state of the s



03 3

by the ottending physician and co

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physical

STATE OF MARYLAND

8	REG.	NO.	i	5	1	9	
COE	DEATH	ALCONIEM.	DAY	VEAD		I LIOLID	_

1.	FOR/ - STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	SIENE B REE N	0.	5 7	99
	CEASED NAME FIRST	^	AIDDLE	L	AST .	20 DATE OF DEATH	MONTH D	DAY YEAR	2b HOUR
CITPE	EORPRINT) Earl	J	ames	Col.	lins	June 2	2.198	6	М
3. SE	Х	4 RACE	1441	5. DATE C		6 AGE (IN YEARS LAST BIR	RIHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	Whi	te	Feb		68	YRS.	ONINS DAYS	HOURS MIN.
7a. B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 -	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	Λ
	Penna.	US	A	WIDOWE		Baltimo	re-Ci	tu H	MD.
10 C	ITY OR TOWN OF DEATH		OSPITAL, NURSING		ROTHER INSTITUTION	128 USUAL OCCUPAT			BUSINESS OR
	Baltimore	407 W	averly A	ve.	Balroo.Md.	Ret.Proct			e, Secur
130.	AL RESIDENCE (IF NURSING HOME STATE 136)	OR OTHER INSTITUTION	Jaciny or town Baltin	1	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 407 Wave	zip cobe	212 2 5 ve,Bal	to.Md.
14. FA	ATHER'S NAME	0011 7116	IAST		15 MOTHER'S MAIDEN NA			LAST	61.7
	-CHARLES	COLLINS	7 7		HELEN WALB			1.	
	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECUR		17 INFORMANT	ADDR			
0	YES NOOR UNKNOWN) W.W	• 2 Page (Dates)	168-16-0	0383	Irs.Osie B.	Collins, S	ame a	s Abov	e
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OF	RAS A CONSEQUEN Carcinoma ONTRIBUTING TO DE	OF 1	che colon (Car	rcinomatosi	20b. IF YES	minal) EN IN PART 1:0 , WERE FINDING	GS USED OF DEATH?
E						YES NO	YES		NO 🗆
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	CAIN	M. MONTH DAY	Y YEAR	21c HOW INJURY OCCUR	RED {ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY SET, FACTORY, OFFICE FAI	RM, ETC }	214 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
	22a 1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did	June 2	2 10	UL	19 , 19 <u>84</u> and that in (my) (our) opinion	0		19 <u>86</u> , the rand from the co	
1	276 SIGNATURE	Mula	from		ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	June June	23, 198
h	Consolador (/ /	Jr., M.D		1403 S. Char	rles St., B	altimo	re, Mar	yland 30
23a	BURIAL, PREMATION, REMOVA	F11:			EMETERY OR CREMATORY ille.V.A.Ce	23d LOCATION CITY OF TOWN T. Crown	svill	e. Mar	v land
24 F	UNERAL DIRECTOR		Md.21230			TE REC'D. BY REGISTRAR	25h REGISTI	RAR'S SIGNATU	RF
M	ccully Funer		ADORESS			N 24 1986	Julia De	widson-Ad	ndelle

DHMH - 16 60M 7/B4 (VRA 15, 4)

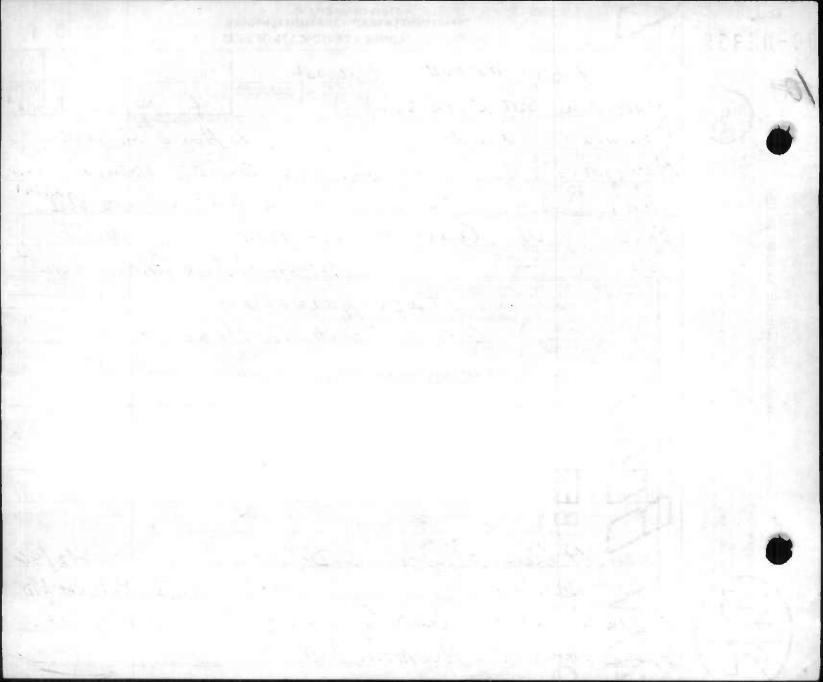
BP.

TO FUNERAL DIRECTOR: After this certifical should be detached for use as the burial-from with the State Dept. of Health and Mental Hy. IMPORTANT: If hem 21 is morked or them 18 To an analysis and a second second

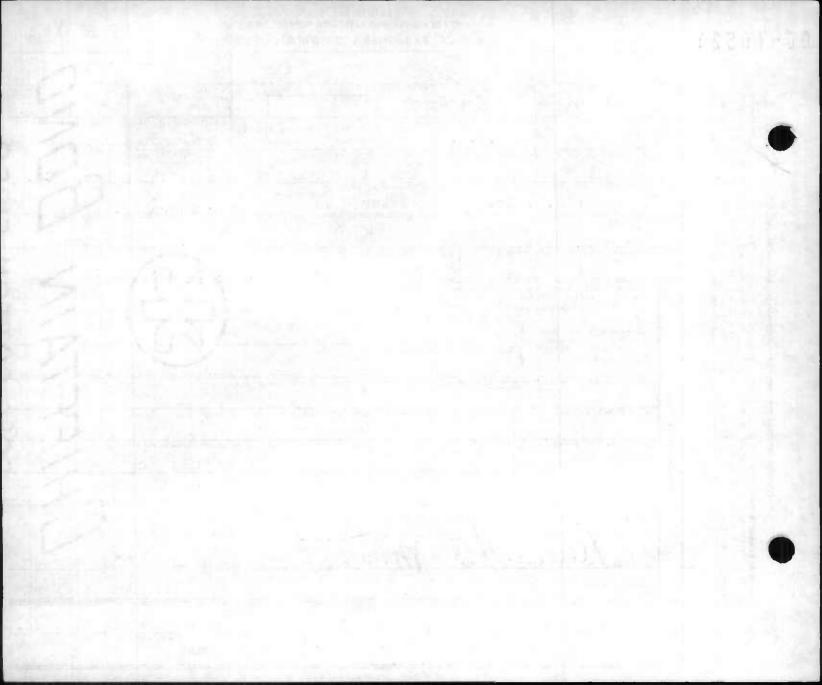
	STATE OF MARTLAND		
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6	5 8 0 0
I. DECEASED NAME FIRST &	A A A A A A A A A A A A A A A A A A A		DAY YEAR 26 HOUR
3. SEX	1 RACE IS, DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
Male	White 02 16 08	78 YRS	NONTHS DATS HOURS MIN
RTHPLACE (STATE OR FOREIGN COUNTRY)	76 GITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
10' CITY OR TOWNOF DEATH	WIDOWED DIVORCED	120 USUAL OCCUPATION :- TYPE OF WORK OF MOST OF WORKING LIFE	12b KIND OF BUSINESS OR
HONA DO 1'S		Retired	Tainter
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b COUL	ADDORDON'S 13d INSIDE CITY LIMITS?	130 STREET ADDRESS / AP GODE	von Place
14. FATHER'S NAME	MIDDLE LAST 15 MOTHER'S MAIDEN NA	AMÉ MIDDLE	P 72.11
160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS	same as
tes W	UTL 214-05-2270 Darbar	a V Connell-	#13
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line far 170 b., and Icol DBY. TE CAUSE (o)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
all March			
Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	<u> </u>	`
underlying cause last.	1 (c) Theu brown		
	SONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	minal disease or condition givi	EN IN PART I a
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \)
OR COLUMNIC COLUMN OF DE		RRED (ENTER NATURE OF INJURY IN ITEM 18 P.	
(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	ATT		-
WHILE NOT WHILE (. (ATHOME STREET FACTORY OFFICE FARM ETC.) STREET	CITY OR TOWN	COUNTY STATE
saw the deceased alive or	ital) attended the decreased from	to 6/14	19, that last and from the causes stated
above (1) we find release	DEGREE		22t. DATI SIGNED
THE PHYSICIAN'S NAME TIPE	ATTENDING PHYSICIAN OR PRINTI 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	6/14/86
MICHAEL	J. Latenta MO703610	DINGS AVE HI	NNAPULIS Ma 214
230 BURIAL, CREMATION, REMOVAL	4 11101 0.1. 1111	23d LOCATION CITY OF LOWN	PC MI
24 EUNERAL DIRECTOR	Anness O	TE RECD BY REGISTRAN 256 REGIST	RAR'S SIGNA TURE
Laylor rune	ral Chapel-Horapolis, MU	20 1980	and the state of t

and the state of t The latest and the la rational Alannes In the Ball person of the patroxill son fely beat man his son from etting cont auto i nota de a su distribuir de la composición de la composición de la composición de la composición de la c t to see the second of the sec Cremonian Service Color Pull Color to legisland Later to the second party of the second to t

Parent .				STATE OF MARYLAND			
00055	1 - :	OR TATE		OF HEALTH AND MENTAL MINER'S CERTIFICATE	OF DEATH A	15801	
09333		EGISTRAR EASED NAME FIRST	MEDICAL EXAI	MINER 5 CERTIFICATE	- KEO:		IOLID
		OR PRINT)	CH HATTON	1 = == = 1	20. DATE KNOWN OF ESTI-		IOUR
E SE SA		Robe		Conquest	DEATH MATED	17	M
200	1 SEX	4. RACE	MONTH DAY YEAR LAST	BIRTHDAY) MONTHS DAYS HOURS	ER 24 HRS. 2c. DATE MIN PRONOUNCED	-/ N	DUK
(5000)	1	MALE White	76. CITIZEN OF WHAT COUNTRY?	YRS.		OG OJ 1986 D/1	2 M
PERED 2		THPLACE (STATE OR EIGH COUNTRY)	11 O D	MARRIED NEVER MA	RRIED	OR COGNITION DEATH	
	1000	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSING		RCED A HUNE 12a USUAL OCCUPATION (1	TYPE OF WORK 128 KIND OF BUSINES	MD.
異ないる	10. CI	TOR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET ADD		FOR MOST OF WORKING LIFE)	OR INDUSTRY	
2000	//	RESIDENCE (IF IN NURSING HOME O	PROTHER INSTITUTION GIVE RESIDENCE BEFORE A	MAGI GED	CUGINEEN	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RP.
2538	13a. S1		TY 13c. CITY OR TO	13d. INSIDE CITY LIMITS	- 2 1 5 / 1	02106	1
る品をあっ		Md. H	H Glan	BUTPLE YES NO!		eeps Ild.	
- SESS	14. FA	THER'S NAME	MIDDLE	15. MOTHER'S MA	IDEN NAME	A/ LAST	
\$ 80×0	16- 11	ARL AS DECEASED EVER IN U.S. ARA	MED FORCES? THE SOCIAL SEC		ADDRE	SS	1
5 th 2	(YE		WAR OR OATES)	KATUDIO	1/ (Alacy To	upon pres Unic	9.
SIS	-		l l	VIMIHRYI	C TOOCK TO	APPROXIMATE INTERV	V.A.1
N N		18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	ly ane couse per line far (a), (b), and (c) BY:		Time	BETWEEN ONSET AND D	EATH
ESEES N		IMMEDIAT	DUE TO, OR AS A CONSEQUE	SANGUINA	110 P		
A SEE		Conditions, if any, which	DOE TO, OR AS A CONSEQUE		1 110	1 - 1	
NA A A A A A A A A A A A A A A A A A A	7 %	gave rise to immediate cause (a) stating the under-	(b) (9/57)	DINTESTINA	1 Hemorr	nage	
NAME OF STREET		lying cause last.	DUE TO, OR AS A CONSEQUE	INCE OF			
22 SE	15	BART 2 OTHER CICMINICANT CONDITIONS	(c)	Ur Transport Auffers da canadian chien u			
EWA	z	TAKE 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTION TO DEATH BUT NOT RELATED TO T	UE TERMINAL DISEASE OR CONDITION GIVEN IN	PAKI I IQ		
8 4 8 -	IFICATION	19a DATE OF OPERATION	TINE CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20: AUTOPSY?	
A Price	15						TK) A
SEE -	CERTI	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM		X
The same	1.14	UNDERLYING OR	HOUR A.M. MONTH DAY	YEAR			
HAR S	MEDICAL	CONTRIBUTING CAUSE OF D	P.M. 21e PLACE OF INJURY (AT HO	DME, 21f. LOCATION			
90.0	ME	WHILE NOT WHILE	STREET FACTORY FARM FTC A	STREET	CITY OR TOWN	COUNTY ST	TATE
212 213	18	AI WORK					
20	18		e of the remains described above, held			and in my apinion	
EE		death resulted from: Natur	Accident L.	Suicide, Homicide	· Undetermined manner	J.	
N. W.		ACTUAL ///	1. (1)	TITLE (SPECIFY)	4.	DATE 1.1-12	1.
NOW THE	1	SIGNATURE MALA	en pro	M.D. DEpit	MEDICAL EXAMINER	SIGNED 2/80	1
200		EXAMINER'S NAME & LA E	10,00	2166	Lu Same T	O. P. A. us IA	1
B X		(TYPE OR PRINT) _ WMI, /	MONTS	ADDRESS_247	1 SOLOMONS L	SCKDFIDNIST VIL	_
(n) >= 4 (n)	23a.8	RIAL, CREMATION, REMOVAL 2	6/4/86 JOHN	OF CEMETERY OR CREMATORY	23d. LOCATION GHT R TOWN	COUNTY 1 STATE	
	74 E	URIA L	JOHN C	W. BYLOR MEM!	10	GISTRAR'S SIGNATURE	
H - 17	1	NAME -	ADDRESS A		111bi : 1/ 1000	- comment-yangana	
15 ME (5)) M 4/82	113	YLOR JUNIEAL	CHAPEL HOWA	TULLY IVID	1000		×



			1.	FOR					ARYLAND	IYGIENE		g/4 0		0
7	n -	10524		STATE REGISTRAR					ERTIFICATE	9 6	REG. NO.	5 C	5 U	ha
		10024	1 DE	CEASED NAME	FIRST		WIDDLE		LAST	Ze. DATE	KNOWN YY M	ONTH DAY	Y YEAR	2b. HOUR
		T &S.S. S.E.	(TYP	E OR PRINT)	Jeanne		D.		Corlew	OF .	MATED	6-22	19 86	
		FEE	3. SE)		5	DATE OF BIRTH	6. AGE (INY	EARS IF UN		24 HRS. 2c. DATE		ONTH DA		2d HOUR
		ON S	-		hite	6/30/		YRS.	DAYS HOURS	DEA		6-22		3:37 a. M
		EESS.	70 BI	RTHPLACE (STATE OR PREIGN COUNTRY) Ohio	7b	CITIZEN OF WH		8. MARR	ED NEVER MARR	IED 🔲	AORE CITY OR C			
	1	DELAY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. TAGE 5 FOR YOUR FILES. THEN WITHIN 72 HOURS DE WITHIN 72 HOURS		UNIO TY OR TOWN OF DEAT	Y14 (1)	U.S.I	TITAL NURSING HOM	WIDOV		ED Ann	e Arunde			MD
	34	N H H H H H H H H H H H H H H H H H H H				(IE NOT IN SUCH FAC	ILITY, GIVE STREET ADDRESS)		FOR MOST OF WO	RKING LIFE)		OR INDUSTR	RY
	1		USUA	Annapolis			andel Gene:		ospital	cle	rical	Не	cht C	0.
	21201	F ANY DI RETAIN	13a S M	d.	A.A.	Co.	Edgewat	cer	YES NO M	13e STREET ADDR	shore D	r. 6	210	37
	BALTIMORE, MD	MATH. 1	14. F/	ATHER'S NAME FIRST	м	IDDLE	LAST		15. MOTHER'S MAID!	EN NAME	MIDDLE		LAST	
	ORE,	DH < A S		Robert M.	Boyl		I turnia a a a a a a a a a a a a a a a a a a		Jean:	ne :			Lally	7
	TIM	SES ON	16g V	VAS DECEASED EVER II	(IF YES, GIVE WAR		16b. SOCIAL SECURI	ITY NO.	17. INFORMANT		ADDRESS			
	BAL	URS AFTER D 8. GIVE PAG WITH FORM TI. PAGES O DIVISION O	-	no l		no	1297-46-2	2071	Jeanne	J. Boyle	same		3 APPROXIMATE	IN ITE DV A
	ST.,	A 18.		PART I DEATH WA	AS CAUSED BY	i Ma	far (o), (b), and (c).) altiple In	iuria	G	- 1			ETWEEN ONSET	
	NO NO	NON NO NA	7	8/2/	IMMEDIATE C	7035 (0)	AS A CONSEQUENCE		5					
	PRES	THIN SIL IN NASI		Conditions, if on		(6)								
	*	MIN SENCE		couse (a) stating t		DUE TO, OR	AS A CONSEQUENCE	OF					73	
	, 201	P S A S A S A S A S A S A S A S A S A S		lying couse last.		(c)							(back	4
	DIVISION OF VITAL RECORDS, 201 W. PRESTON	MER. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR CATE, WRITING THE WORD, "PENDING" IN PENCIL IN ITEM 18. FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W. OR. PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. HE STATE DEPARTMENT OF HEALTH AND MEDINAL HYGENE, M. N. D. 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO DEATH	UT NOT RELATED TO THE TER	RMINAL DISEAS	E OR CONDITION GIVEN IN PA	RT I ra				
	L RE	HEAL CALL	CERTIFICATION	190 DATE OF OPERAT	NON	19b. CONDIT	ION FOR WHICH OPE	RATION	AS PERFORMED?		1 1 107	20	AUTOPSY?	
	ATA	SHOULD ORD "PE CHIEF N E USED !	TEX										YES 💢	NO 🗆
	OF	ATE WEN MEN TO B	CER	UNDERLYING NO		11b. TIME OF HOUR A.M.	MONTH DAY YEA	AR 21c. H	OW INJURY OCCURRE	D LENTER NATURE OF IN	JURY IN ITEM 18 PART	OR PART 2)		
	ON	G THE CHANGE	MEDICAL	CONTRIBUTING	AUSE OF DEA	70 0 0 2 22 2		6 pa	ssenger in	auto/aut	o impact			
	SIVIS	CER MITIN MET SE MET SE		WHILE NOT W			FINJURY (AT HOME, DRY, FARM, ETC.)		CATION	CITY OR TO		COUNTY		STATE
		R: THIS CE TE, WRITI SRWARDE R: PAGE 3 E STATE DI D, 21201 F		AT WORK AT WO	ORK AA	roa	d		. 214 at B	rick Chur	ch Rd.,A	nne A Md		1 Co.
	B	AND, AND,		22a I certify that I t	toak charge of	the remains described	ribed bave, held on	Autap	sy XX Inspectio	n . Inquiry	L, and in	my apinian	•	
	4	EXAMINATION BE OF BECTIFICATION BECTIFICATIO	1	death resulted from:	Natural c	auses	Aggittent BA	DO /	Homicide	Undetermined m	onner,			
		A A STOREGE CONTRACTOR		ACTUAL /	llui	UN 1/X	must 1	Mus	TITLE (SPECIFY)	t_MEDICAL EXAM		DATE	6-23-	86
		MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH	1	SIGNATURE		6//	1100	W	D. ASSIStan	MEDICAL EXA	MINER	IGNED	0 20	
		1110		(TYPE OR PRINT)		F. Smy			ADDRESS	enn St.,	Balto.,	Md.	21201	
			23 a. B	URIAL, CREMATION, RE			23c NAME OF CI			23d. LOCATION CITY OR TOWN		COUNTY	ST	ATE
	07/84 25M	BP	24 F	Burial UNERAL DIRECTOR	6	/24/86			Cemtery 1250 DATE	Dav:	idsonvi		A.A.	Md.
		DHMH - 17 (VR A15 ME (5))		lardesty F	Funera	1 Home	12 Ridge		ive.	IN 25 198		/ /	' b	
		(AK WID ME (D))				-	Ann.Md.	214			- U			



	3	10
U	TENDING PHYSICIAN. The low requires that the death certificate be executed within 24 haur after death. Fagin or ottending physician.	OR: After this certificate has been staned by the attending physician and completely filled
	other	· the
2120	hours	10.00
AND	n 24	filled
ARYL	w:#h	oletely
¥ uì	cuted	come
MOM	e exe	puo u
BALT	cote b	VSICIO
N ST.,	certifi	ing pri
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	deoth	offend
R	÷ ÷	the
201	s tho	ed by
KDS,	adnire	n sign
ECO	NO NO	s beer
AL	The cion.	e ho
Z V	Phys	tifico
NO	HYSK	Jis cer
DIVIS	NG P	fter 1
	TENDING PHYSICIAN: The landing physicion.	OR: A

	1 -	FOR STATE REGISTRAR	DEPA	RTMENT OF F	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 8 6	j 5	8 (3
		CRASED NAME FIRST Adam	MIDDLE	Cris	t t		8, 198	1.0	HOUR
)	. SEX	Male	Caucasion	S. DATE (of Birth 1913	6 AGE (IN YEARS LAST BIR		DER I YEAR IF U	UNDER 24 HRS
5	Ma	RIHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	RY? 8. MARRIE WIDOW	DE NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF D		MD
0	0. CT	rold	11. NAME OF HOSPITAL, NU	RSING HOME	OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Transpor		KIND OF BU	
35	150 A 30 S Ma	RESIDENCE (IF NURSING HOME OF TATE TYLAND 134 CO.)		EFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO X	339 Jones	zip cope Stati	on Rd	. 210
20		THER'S NAME FIRST AMES	Crist		15. MOTHER'S MAIDEN NA	a Skopinsl	ni	LAST	
medicol	(4	AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (15 XES, 17		51856	Gertrude 1	M. Crist	(Same	as Ab	ove)
s ony injury, or other froum	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	TO DEATH BUT		INAL DISEASE OR CONI	20b. IF YES, WEF	RE FINDINGS	USED DEATH?
		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN		DAY YEAR	21c HOW INJURY OCCURE	YES NO Z	YES T		10 🗌
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		21f LOCATION STREET	CITY OR TO	wn 0	OUNTY	STATE
21 is mo		sow the deceased alive a	pital) attended the deceased froml not) view the body after death.	9	nd that in (my) (our) opinion	to	19	,	(I) (we) lost ses stated
MPORTANT: If hen		276. SIGNATURE	OK MINIT	Λ	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	F	DATE/SIGN	D) R
2	30 B	urial, cremation, remova Burial	7-1-86		EMETERY OR CREMATORY Haven Cem.	23d LOCATION GTen B	urmie,	A.A.	MD'ATE
7/84	Ba	Trappeter F.H.		Hwy S	everna 250 DAT	e rec'd. By registrar	256 REGISTRAR'S	SIGNATURE	٠,

MELLEN OF THE CONTRACTOR

	jene 38, ly		a frib			
	73	c f	es co			9.79
• C	Legame (A. C.				DE A	
ofvoi . i. o z	oit a regman	hans.	noitans aca			Jona.
1012 .bk not	S39 varen Luc	1	blower	-07	. J. 64	of the sta
	illimate a property	Eldec.		1		
(STOUL RE	real rains.	00072740	31813111.50	TI. I		

er roo wit it it resis twee cars. How withe, w.s. in

0	-	1	0	4	8	6
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 71201		TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 half again. Foge 4 may be CO	retainest by the hospital or otherwing physician.	10 FUNEXAL DIRECTOR After the centrate has been trained by the ottending physicion and completely filled in by the funeral director, page 3 than 12 hours of the fourth of the death than 12 hours often death	with the State Dept. of Health and Mental Hygiene prior to build, cremotion, or removal.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MEN

TAL HYGIENE TH	8	6 REG. N	10.		5	8		0	2
TA -		- F + F) 1		-	-		Lan		_

1 -	REGISTRAR					REG. N			
	R BRID II	IRST	MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	26 HOUR
(1116	Lil	lian		Crook		6-22	2-86		M
3 SEX	Femal	e Whit	te		OF BIRTH 0-9-1912 YEAR	6 AGE (IN YEARS LAST BI	YRS.	FUNDER I YEAR	IF UNDER 24 HRS
BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.		IGN 76 CITIZEN O		MTRY? 8 MARRIE WIDOW	ED NEVER MARRIED X	9 BALTIMORE CITY O Anne Arur	OR COUNTY		MD.
	Annapolis	Anne	Arunde	e STREET ADDRESS) Clare	1 Hosp. #	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Salesperson Shoe Sto			
USUAL 13a. ST	RESIDENCE (IF NURSING ATE Md.	COUNTY AACO.	113c CITY O	R TOWN POLIS	134 INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS 130 Hearr	/ ZIP CODE	21.	401
	HER'S NAME Sidore	WIDDLE	Crook '	AST.	Fannie	MIDDLE	Wali	nsky '^	ST
	AS DECEASED EVER IN (U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)		15-6947	Mrs. Elerk R	osenburg Ro		oom Ann	napolis M
	B CAUSE OF DEATH (E PART I. DEATH WAS	Enter only one couse pr CAUSED BY: MEDIATE CAUSE (a)_			udiac Asse	ost		BETWEEN	KIMATE INTERVAL ONSET AND DEATH
	Conditions, if any, w	hich (b)_		SEQUENCE OF					
	gove rise to immed couse (a), stating underlying couse I	hich iote the DUE TO. (c) CANT CONDITIONS	OR AS A CON	ISEOUENCE OF	T NOT RELATED TO THE TERM				
	gove rise to immed couse (a), stating underlying couse	hich iote the DUE TO. (c) CANT CONDITIONS	OR AS A CON	ISEOUENCE OF	T NOT RELATED TO THE TERM ON WAS PERFORMED	200 AUTOPSY? YES \(\text{NO XX} \)	20b. IF YES	EN IN PART I	INGS USED
CERTIFICATION	gove rise to immed couse (a), stating underlying couse I	hich iote the DUE TO. (lost. CANT CONDITIONS OF DEATH HOUR ASSECTION OF THE PROPERTY OF THE PR	OR AS A CONTRIBUTION FOR V	ISEOUENCE OF	216 HOW INJURY OCCUR	200 AUTOPSY?	20b. IF YES IN CERTIF YE	S, WERE FINDI YING CAUSES	NGS USED S OF DEATH?
MEDICAL CERTIFICATION	gove rise to immed couse (a) stating underlying couse (b) stating couse (couse) PART 2 OTHER SIGNIFIED (COUSE)	hich iote the DUE TO. (IC)	OR AS A CONTRIBUTION FOR VIOLENTIAL MONTH P.M. E OF INJURY	SEQUENCE OF SECTION OF THE SECTION OF T	216 HOW INJURY OCCUR	200 AUTOPSY?	20b. IF YES IN CERTIF YE	S, WERE FINDI YING CAUSES	NGS USED S OF DEATH?
MEDICAL CERTIFICATION	gove rise to immed couse (o) storing underlying couse (for the couse of the couse o	hich iote the DUE TO. (lost. (c)	OR AS A CON CONTRIBUTION DITION FOR V OF INJURY A.M. MONT P.M. E OF INJURY STREET FACTORY, the deceased	WHICH OPERATION TH DAY YEAR OFFICE, FARM, ETC.)	216 HOW INJURY OCCURI	200 AUTOPSY? YES NO X RED (ENTER NATURE OF INJ.) CITY OR TO	20b. IF YES IN CERTIFY YE URY IN ITEM 18 P	county	INGS USED S OF DEATH? NO STATE that (I) (we) last a couses stated
MEDICAL CERTIFICATION	gove rise to immed couse (o) storing underlying couse (for storing course) (for	hich iote the DUE TO. (lost. Ic)	OR AS A CON CONTRIBUTION DITION FOR V OF INJURY A.M. MONT P.M. E OF INJURY STREET FACTORY, the deceased	WHICH OPERATION TH DAY YEAR OFFICE, FARM, ETC.)	21c HOW INJURY OCCURI 211 LOCATION STREET , 19 ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN (200 AUTOPSY? YES NO X RED (ENTER NATURE OF INJ.) CITY OR TO	20b. IF YES IN CERTIFY YE WAY IN ITEM 18 P	county 22c DATI	NGS USED S OF DEATH? NO STATE
MEDICAL CERTIFICATION	gove rise to immed couse (a) storing underlying couse (b) storing couse (couse (couse)) PART 2 OTHER SIGNIFI 10. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL E EITHER NOTIFY MEDICAL E ET WORK 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL E AT WORK 22d. I certify that (1) (the sow the deceased above (1) (we) (et al.) 22d. SIGN TURE	hich iote the DUE TO. (lost. Ic)	OR AS A CON CONTRIBUTION DITION FOR Y OF INJURY A.M. MONT P.M. E OF INJURY THEET FACTORY, the deceased by ofter death	WHICH OPERATION TH DAY YEAR OFFICE, FARM, ETC.)	216 HOW INJURY OCCUR! 211 LOCATION STREET 19 0 1 DEGREE ATTENDING	200 AUTOPSY? YES NO X RED (ENTER NATURE OF INJI CITY OR TO death occurred on the company of	20b. IF YES IN CERTIFY YE URY IN ITEM 18 P	county 19 220 DATE 6-2	INGS USED S OF DEATH? NO state that (I) (we) last a couses stated E SIGNED 23-86
MEDICAL CERTIFICATION	gove rise to immed couse (a) storing underlying couse (b) storing couse (couse (couse)) PART 2 OTHER SIGNIFI 10. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL E EITHER NOTIFY MEDICAL E ET WORK 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL E AT WORK 22d. I certify that (1) (the sow the deceased above (1) (we) (et al.) 22d. SIGN TURE	hich iote the DUE TO. (lost. Ic) CANT CONDITIONS ON 196 CON 19	OR AS A CON CONTRIBUTION OF INJURY A,M. MONT P,M. E OF INJURY STREET FACTORY, the deceased by ofter death	WHICH OPERATION THE DAY YEAR THE DAY YEAR	216 HOW INJURY OCCURI 211 LOCATION STREET 19 0 Ind that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN (1)	200 AUTOPSY? YES NO X RED (ENTER NATURE OF INJI CITY OR TO death occurred on the company of	20b. IF YES IN CERTIFY YE URY IN ITEM 18 POWN	county 19 220 DATE 6-2	INGS USED S OF DEATH? NO state that (I) (we) last a couses stated E SIGNED 23-86

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT: If Its

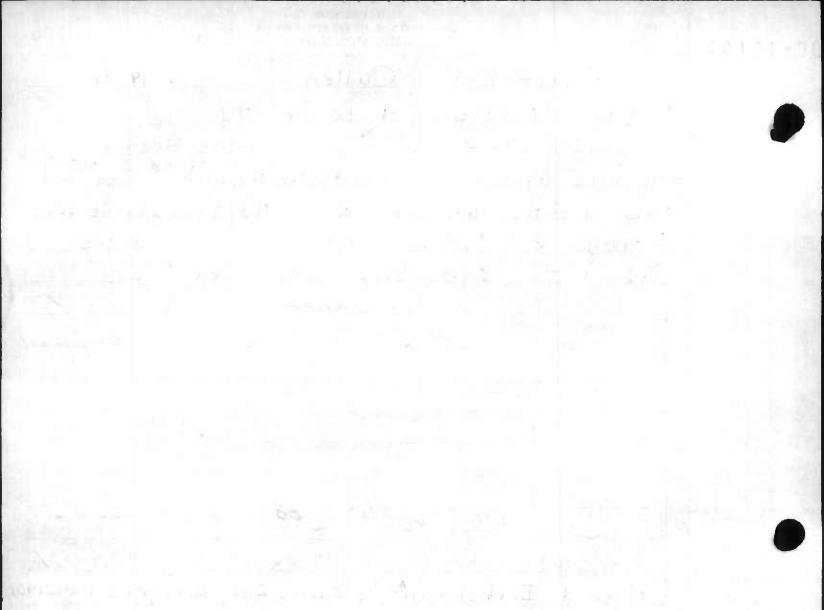
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 2h HOUR 1. DECEASED NAME LIVEE OF PRINTS JOAN deoth IF UNDER LYEAR IF UNDER 24 HRS 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 3. SEX 1940 9. BALTIMORE CITY OR COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED NEVER MARRIED PUNDEL DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION INDUSTRY 13e STREET ADDRESS FATHER'S NAME ADDRES DECEASED EVER IN U.S. ARMED FORCEST I F YES, ONE WAS OR DATES. APPROXIMATE INTERVAL IX CAUSE OF DEATH (Enter only one cause per PART I DEATH WAS CAUSED BY DAMEDIATE CAUSE IN Conditions, if any, which gave rise to immediate come in stating the underlying cours lost. DEATH BUT NOT RELATED TO THE TERMINAL D PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATION 20b. IF YES, WERE FINDINGS USED THE CONDITION FOR WHICH OPERATION WAS PERFORMED TO DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO The ACCIDENT WAS UNDERLYING THE TIME OF INJURY THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (FETHER NOTEY MEDICAL EXAMINER) F.M. 19 714 INJURY OCCURRED THE PLACE OF INJURY 711 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET WINTE D HOLWINE and that in (my) (and) opinion death occurred an timedate and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

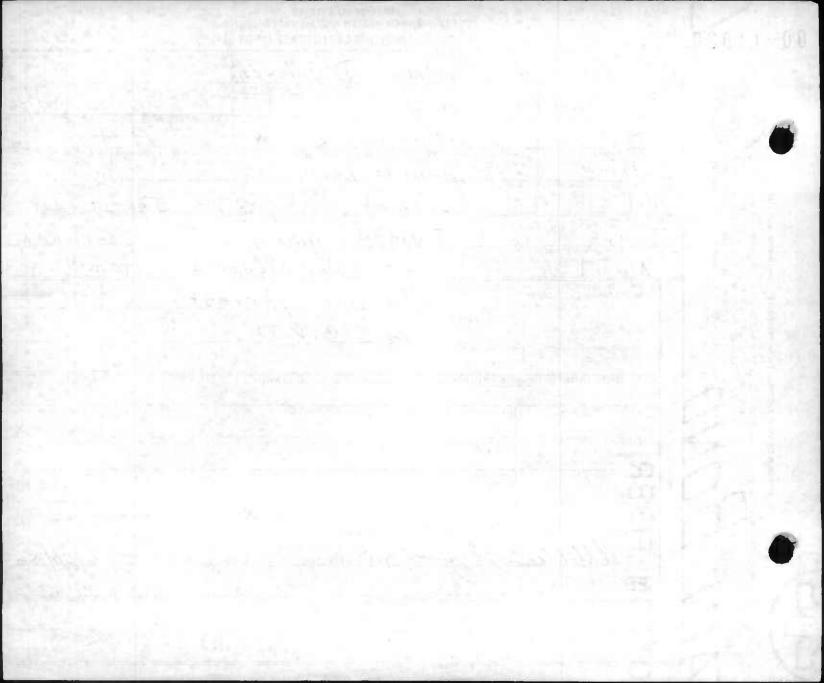
DHMH - 16 50M 4/83 (VRA 15, 4) STATE OF MARYLAND

250 DATE REC'D. BY REGISTRAR 266. REGISTRAR'S SIGNATURE

BEALAH John Cheech Jones Jones 1886 Energy Mrs. 1842 Mrs. 1842 Mrs. 1842 Mrs. 1843 Mrs. 1844 nobert topos Derolles Williams Site - Mast of anothe Cast Pools Maring rate Colones to Bus Bris Wester States Consultation 15mg 12 1 1 Les SAM 12 -22452, The stand is the standard of the 7247 M. Monacon 131 C - 1636 Com it is all most vest a tream sole is 15/6/2012 I some

1		FOR	DEPARTMENT	STATE OF MARYLAND FOR HEALTH AND MENTAL HYG	IFNF .	A 1000	
		STATE REGISTRAR	CI	RTIFICATE OF DEATH	8 S REG. NO		800
		EASED NAME FIRST ROBERT	+ Bell	Ciullen	2a DATE OF DEATH	MONTH DAY YEAR	2b HOUR
3	SEX	4 R	ACE 5.1	DATE OF BIRTH MONTH DAY YEAR	6 AGE LIN YEARS LAST BIRT		R IF UNDER 24 HRS
1	1	THPLACE LITTER DEFORE ON THE	CITIZEN OF WHAT COUNTRY?	9 10 06	BALTIMOTE CITY O	YRS.	
0	m	aruland	1.50	ARRIED NEVER MARRIED DOWED DIVORCED	Anne	Arunde	MD.
3	0.	Y OR TORY OF DEATH	NAME OF HOSPITAL, NURSING H	OME OR OTHER INSTITUTION		1 00	01 -
1	JSU/A	L HESIDENCE IN HURSING HOME ON IGHT	R INSTITUTION, BIVE RESIDENCE BEFORE ADM		13 STREET, ADDRESS	Thood	Store
1	1	DD AF	1 Annapoli	S YES NO [437 Deu	vey Drivi	e 21401
1	E FA	LI AME	LE C. LAST	15 MOTHER'S MAIDEN NAM	WIDDLE	m 1-	AST
#	6a W	AS DECEASED EVER IN U.S. ARMED	FORCES? 166 SOCIAL SECURITY	NO. 17. INFORMANT	ADDRE	SSame a	2
1		140	214-05-15	81 Lura A	· Callen	#13	
		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE C	11.0-	engul o		BETWEEN	DXIMATE INTERVAL N ONSIN AND DEAT
		IMMEDIATEC	DUE TO, OR AS A CONSCORENCE	lin .		7.	-
		Conditions, if any, which gave rise to immediate	(b) 593 of	le		KIL	My 4009
1		couse (a), stating the underlying, cause last	DUE TO, OR AS A CONSEQUENCE	E OF			' (
	z	PART 2 OTHER SIGNIFICANT CON		H BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1	lia
7	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH OPE	ration was performed	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	
	RTIFI				YES NO	YES 🗍	NO 🗍
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY		RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART 1 OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY (ALLHOME STREET FACTORY OFFICE FARM.	211 LOCATION	CITY OR TO	WN COUNTY	STATE
I	2	WHILE NOT WHILE AT WORK		1			
1		220.1 certify that (1) (this haspital) saw the deceased alive an	5/7 1956	2 , and that in (my) week apinion of	, to	ote and hour and from the	, that (1) (we) last ne couses stated
1		above H) (was did did not) viii	ew the body after death.	DEGREE			E SIGNED/
A	4	MI PHYSICIAN S NAME (TYPE OR PRI	Car	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAF		19/86
	H	Richard ?		20 M	Aue. Ar	mapolis,	md-214
1	30. B	URIAL, CREMATION, REMOVAL 2		E OF CEMETERY OR CREMATORY	236 LOCATION	VIII/002	STATE
	A EL	Dunal NERAL DIRECTOR	June 21, 1916 S	1 Hones	Hong Po	25b REGISTRAR'S SIGNA	ATURE
1	10	after Funera	O Chand-Ann	I can ha to	N TO TORE	R. C. Keine	70-14-20-
E		V	71111			7	





STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20 DATE OF DEATH MONTH DECEASED NAME 2b. HOUR LIVPE OR PRINT 1.5EX 5. DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY IF UNDER LYEAR IF UNDER 24 HRS MONTH Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR SUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION 13d INSIDE CITY LIMITS? A FATHER'S NAME MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), Ha , and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE ASE OR CONDITION GIVEN IN PART TO 90 DATE OF OPERATION THE CONDIMON FOR WHICH OPERATION WAS PERFORMED 20h IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

NO [] 21b. TIME OF INJURY 71n ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE FITHER NOTIFY MEDICAL EXAMINER PM 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE STREET AT HOME STREET FACTORY OFFICE FARM ETC 1 NOT WHILE 220 | certify that (I) (this hospital) attended the deceased from saw the deceased alive an. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did nat) view the bady after death 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 60M 7/84

CRT

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Kichard I. Hochman

231 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

250. DATE REC'D.

(VRA 15, 4)

STATE OF MARYLAND

The second secon

0.	- 0	866	9	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYL EALTH AND ICATE OF	MENTAL HYG	SIENE 8	6 REG. NO	1	5 8	1,	O
-	•				CEASED NAME	FIRST	Link	MIDDLE	l	AST		20. DATE O	DEATH	MONTH	DAY YEAR	2b_HC	OUR
	pe	poge 3		(,,,,,	D	AISY		(NMN)	DUNN			JU	VE	03	, 1986	431	L P
	moy	0 5		3. SE			4 RACE		5. DATE C			6 AGE (IN	EARS LAST BIRT	HDAY)	IF UNDER 1 YE		FR 24 HRS
	4	s oft	·D.		FEMALE		w]	hite	Jan		1913		7:	3 YRS	MONTHS: DA	YS HOURS	MIN.
	Pog	Pour (مرانه		RTHPLACE (STATE OR FO	DREIGN	76. CITIZEN OF	WHAT COUNTRY	8	T NEVED	MARRIED -	9 BALTIMO		110	Y OF DEATH		
	eoth	nerol 72	90		Kentucky		USA		WIDOWE		IVORCED []	A	VINE AF	RUNDE	L COUN	TY	M
	ofter d	the fu	of the d	10 C	GLEN BURNI			HOSPITAL, NURSI CH FACILITY, GIVE STREE H ARUNDEL	NG HOME C	R OTHER INS	NOITUTITE	(TYPE OF WOR	OCCUPATION FOR MOST OF		FE) INDUST		NESS OR
120	Surs	0 0	2	ÜSU.	AL RESIDENCE (IF NURSI					LIPUI		ноте	maker		Jown	Home	
AND 2	24 ho	Med b	35	13a S		13b COU		Glen Bu	VN	YES [CITY LIMITS?	13e.STREET 1800	ADDRESS / Norf			21061	
RYL	A	130	au I	14. FA	THER'S NAME		MIDDLE	LAST		15 MOTHER	'S MAIDEN NA	ME	WIDDIE			(AST	
WA	(40)	起转的	1/0		Christophe	r	Columbu			La	vina					Pace	
E ,	K	-	Pool .		VAS DECEASED EVER I					hter)	ADDRE 82	7 Br	andon	Drive	2		
BALTIMORE, MARYLAND	0	0 0	e E		No	N/		403.05.	3861	Mrs.	Donna	L. Gar	de Mil	lers	ville	Mars	vlan
201 W. PRESTON ST.,	res that the death certific	ined by the attending phy operate remove corbon po puriol, cremotion, or removers	y, or other troumotic even		RATTI DEATH W. Conditions, if any, gove rise to imm couse (o), storing underlying couse PART 2. OTHER SIGN	which ediote of the lost.	DUE TO, C	OFFAS A CONSEQUENCE BY AS A CONSEQUENCE BY BUT 1	JENCE OF JENCE OF	E A	AR A	SCIE	ENT	CA			
RDS	edoi	Ther	2	O	CARDIA	e A	RMITH	MIA									
IL RECO	he low	hos bee t permit. ene prio	Au O o o o o	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONE	OITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUT	NO	IN CERTI	S, WERE FIN FYING CAU ES		ATH?
DIVISION OF VITAL RECORDS,	CIAN: T	ertificate ol-transmotol ntol Mygi	em-18 sh		210 ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DE	ATH HOUR A	OF INJURY I.M. MONTH (AY YEAR	21c. HOW II	NJURY OCCUR	RED (ENTERN	ATURE OF INJUR	Y IN ITEM 18	PARI I OR PARI	2)	
VISION	3 PHYS	the burn	ked or #	MEDICAL	21d INJURY OCCURR	ED .	21e PLACE	OF INJURY TREET, FACTORY, OFFICE.		211 LOCAT			CITY OR TO	WN	COUNTY		STATE
ā	TENDIN	TOR: Aft for use os of Health	21 is mor		22a I certify that (I) sow the decease above, (I) (we) (d	this hosp	61.	3 19_	86.	1	, 19 <mark>86</mark> () (our) opinion	death occurr	ed on the do	te and ho	19.87	the couses	
	AL OR A	AL DIRECTOR DIRECTOR DIRECTOR DEPT.	T. If Hem		22b. SIGNATURE	2 M	us	- Constitution	9	DEGREE MI)	ATTENDING PHYSICIAN [MEDICAL	STAF	F IAN []	6	3 8	6
	I d	VER.	X I	1	22 d. PHYSICIAN'S NA	ME (TYPE	OR PRINT)			22e. ADDRE	55 20	3 FACT	рата	pscn	AVENIT	2	

RALTIMORE, MARYLAND 21225

Glen Burnie, Maryland JUN 5 1986 Julian Maryland

23¢ NAME OF CEMETERY OR CREMATORY

Glen Haven Mem. Park

23d LOCATION
CITY OR TOWN
Glen Burnie

A A Co.

Md.

DHMH - 16 50M 4/B3 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

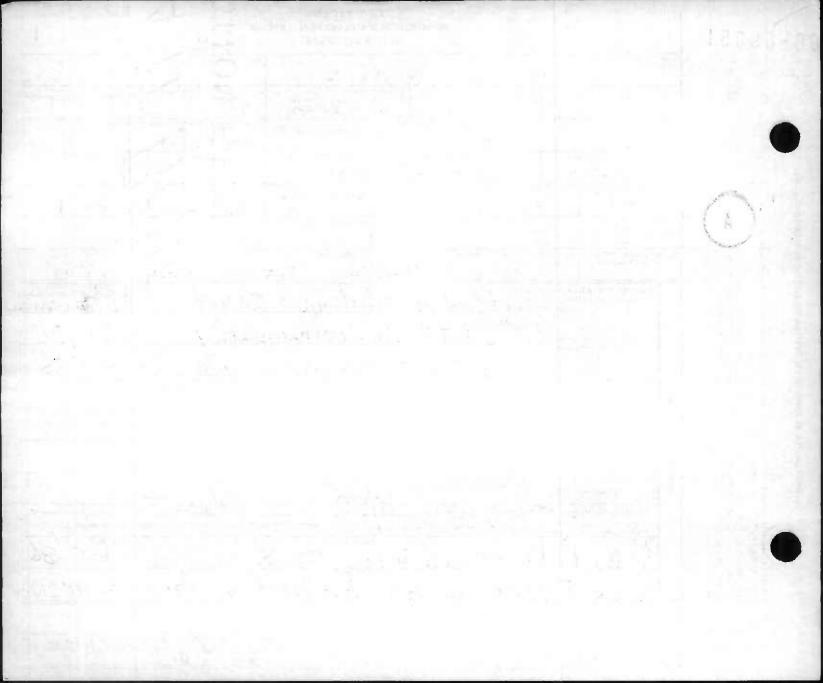
Burial

23b. DATE

June 7, 1986

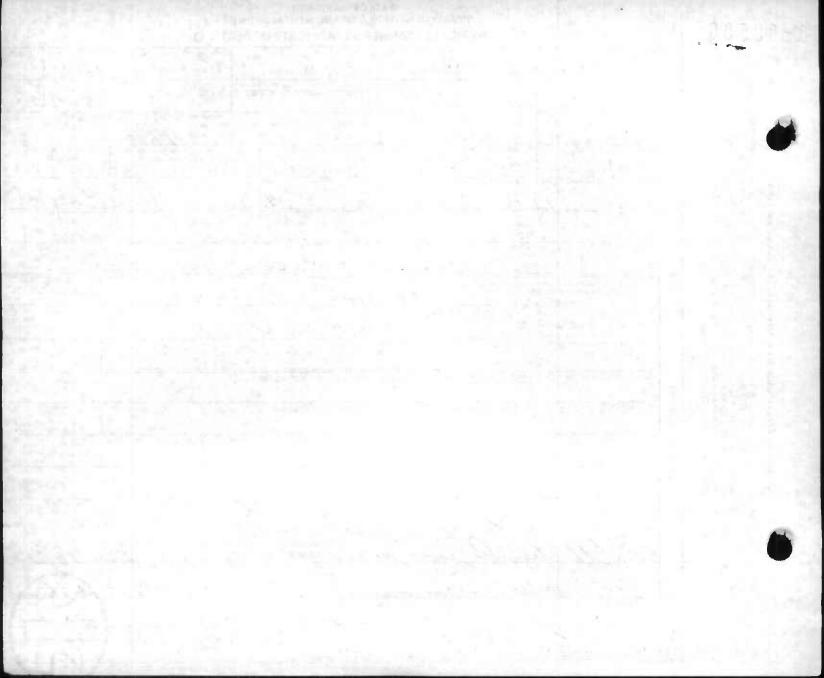
		R 0 6 6 1
ter et al tree and	Heat VELAT	
		6
THE TO PROPERTY THE		
	Company of the property than	
	The Court was not be to be a first time.	
	andread file and after representation	
The second section of the second		
ARRA	PARADAL TO DO IN	
Needing-A	MAGRICAN SA SECTION OF THE SECTION O	
Beautiful of Grand	ASTAN BANKS HARRY IN THE STREET	
34309		
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
#\$ (4) 61	1 100 -2-418	
TELL BURNEY SE	MICHAEL THE PROPERTY OF THE PARTY OF THE PAR	
The state of the s		

£	1				OF MARYLAND		
-09651	1.	FOR STATE REGISTRAR			EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 6 I	581
		CEASED NAME FIRST	MIDDLE	4-	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
y be		VIRGIN		Durl	1106	6	+-86 1850 W
Page 4 may be a la director, page 3 thours after death	3. SE	F	4. RACE	5. DATE (- 24 - 08	6 AGE (IN YEARS LAST BIRTHDAY) 78 YRS.	MONTHS DAYS HOURS MIN.
Pa Page 1	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
# 50		Maryland	USA	WIDOW		Anne Arundel	MD.
by the function of the functin of the function of the function of the function of the function		ANNAPOLIS	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, Anne Arunde	dive street address)	AGIA	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS OR INDUSTRY
24 hou	USU 13a.	AL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION GIVE RESIDUNTY 136., CITY	ORTOWN	13d. INSIDE CITY LIMITS? YES NO V	130. STREET ADDRESS / ZIP COC 2806 Rivel R	DED. 21401
1 1	14. F/	THER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN N.	AME MIDDLE	TAST
	0			ıbm	Eva	_Noe	_
and carecular Poges		VAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES)	IAL SECURITY NO.	17 INFORMANT	ADDRESS	
			213	3-48-0038	Charles R.I	Durling (spouse)	Same as 13
death certificate b ottending physicion ove carbonpapers. trian, or removal.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one couse per line far (i SED BY: ATE CAUSE (a)	Lac Art	Lythmia E	arrest	BETWEEN ONSET AND DEATH Stautanle
ding orbo		INIMED		ONSEQUENCE OF	11	Λ	11101
the death the ottendi remove car emation, or		Canditions, if any, which	(b) Ocla	led a	rdiomy	pathy	4/1/86
5 295 5		gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OF ASIAC	ONSEQUENCE OF	190 cardia	& Intarction	4 4/1/86
0 6 3	CERTIFICATION	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	VEN IN PART 1:0
been prior ony ii		19a DATE OF OPERATION	19b. CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
rySiCIAN: The liding physicion. Is certificate has burial-transit per Mental Hygiene or Item 18 shows	E	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	,	1214 HOW INTURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	ES NO
SICIAN: The name of physicial certificate I uniol-transit Vental Hygies (fem 18 sho		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MO	NTH DAY YEAR	ZACTION INSORT OCCO	KRED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2)
HYSIC Iding Ins cer burio Ment or Iter	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P	P.M. 21e PLACE OF INJUR	19	211 LOCATION		
NG PHY attending frer this as the but th and M	ME	WHILE NOT WHILE	(AT HOME STREET, FACTO		STREET	CITY OR TOWN	COUNTY STATE
O O O E		22a.l certify that (I) (this hos	inital) oftended the Bardos	ed from	10	" Mosent	. 19
TTEN pitol TOR: for us of He 21 is		saw the deceased alive	on	19	nd that in (my) (our) opinia	death occurred on the date and ha	
OR AT OR AT DIRECT ached f Dept. of frem 2		28b. SIGNATURE	not view the body after dec		DEGREE		22c. DATE SIGNED
HOSPITAL OR ATTEN ind by the hospital EUNERAL DIRECTOR to the State Dept. of the State Dept. of the ORTANT: If them 21 is		Neter t:	Vertor	, S lux	ATTENDING PHYSICIAN	MEDICAL STAFF	6-9-86
HOSPITAL ined by t FUNERAL wild be det h the State	1	22d. PHYSICIAN'S NAME (TYP	E OR PRINT)		22e. ADDRESS	10	Dr. h
TO HOSPITAL of retained by the TO FUNERAL I should be detained in the State I IMPORTANT. If		PETER T.	VERKOU	D M.O.	1833 DIE	st B. Tinha	pulis 1/10 2/40
5 5 5 2 3 5	23a.	BURIAL, CREMATION, REMOVA		23c. NAME OF	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BPRemo	_	Removal	6-9-86		1		
DHMH - 16 60M 7/84		UNERAL DIRECTOR	20175	ADDRESS	250,114	NEL 1980 Fund	RAR'S SIGN THRE
(VRA 15, 4)		STATE ANATOMY E	BUARD	BALTIMO	Œ, MD.	77 - 0	• -



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR 1. DECEASED NAME 20. DATE KNOWN A MONTH 2b HOUR (TYPE OR PRINT) OF ESTI-Tillman JUNE DEATH MATED 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR SEX DATE DAY LAST RIRTHDAY) PRONOUNCED 1986 MALE WHITE FEB 5,1912 DEAD 74 76. CITIZEN OF WHAT COUNTRY IN BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. WIDOWED X DIVORCED PRINTER PAGE 5 PHOULD BE FILED, GERTANNE FILED, 10. CITA OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17g. USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Machinist & O RR JSUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 3a. STATE ON TOWN 1136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS IS. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST FIRST MIDDLE LAST Thomas W. Eaton Christina Porter 17 INFORMANT ADDRESS Rt. 1 Box 473B 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No None 705.05.3369 Julia Eaton Cousin Chester, Md. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ALONG W IT PERMIT. SETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: AND MENTAL HYGIENE IMMEDIATE CAUSE (a)_ OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF SURIAL - TRANSIT S.C.V Conditions, if ony, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF ED AS A BURIAL -HEALTH AND MEI AL, CREMATION, C lying couse last. PART 2 DIBER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION ARDEN THE CHIEF MED ARD THE CHIEF MED AGE 3 SHOULD BE USED AS ATE DEPARTMENT OF HEALT ATE DEPARTMENT OF HEALT ATE OF THE TO BURNAL, CR. 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? NO D 214 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STATE CITY OF TOWN COUNTY WHILE AT WORK 21201 TO MEDICAL EXAMINER: THIS (EXECUTE THE CERTIFICATE, WRI PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201 Inspection . 22a. I certify that I took charge of the remains described above, held an and in my apinian death resulted from: Natural causes Hamicide Undetermined manner Accident TITLE (SPECIFY) MEDICAL EXAMINER (TYPE OR PRINT) William P. Jones, 695 America Crt., DAvidsonville, Md. 21035 230 BURIAL CREMATION REMOVAL THE DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Druid Ridge Cemetery Burial Baltimore BP Maryland 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRE **DHMH - 17** (VR A15 ME (5)) Singleton Funeral Home, Glen Burnie, Maryland

20M 4/B2



16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OF TOWN

NOF

STATE

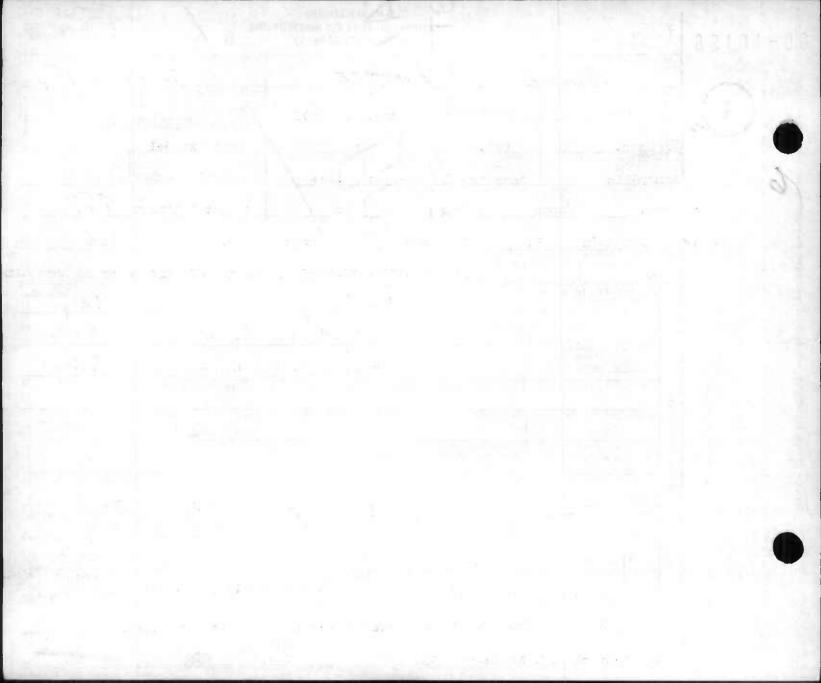
26 HOUR

IF LINDED A 1 HDS

Burial June 24. 1986 Riverside Cem Saugus, Mass. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

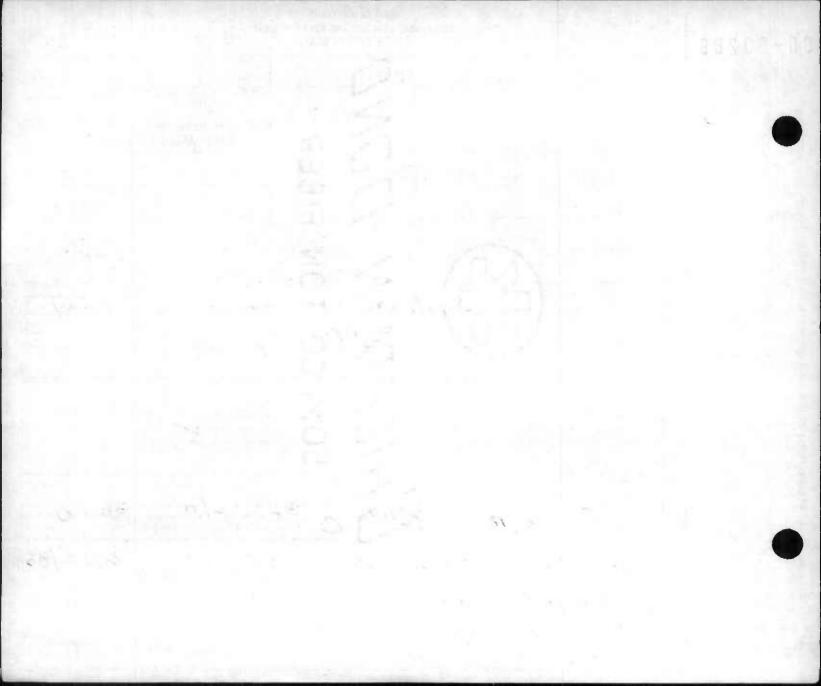
Ives-Pearson F.H. Arlington, Va. 22201

Their Durday Bandalle



_	
C	
-	
C)	
=	
die.	
d	
3	
>-	
deed	
200	
4	
2	
5	
46,	
-	
44.5	
ac.	
0	
~	
~	
~	
-	
l-m	
-4	
42	
60	
-	
S	
_	
Z	
=	
0	
F	
-	
S	
443	
OK	
0.	
۵	
۵	
N. P	
W. P	
W.P	
W.P	
01 W.P	
01 W.P	
W.P	
01 W.P	
01 W.P	
01 W.P	
DS, 201 W. P	
RDS, 201 W. P	
RDS, 201 W. P	
ORDS, 201 W. P	
RDS, 201 W. P	
ORDS, 201 W. P	
ORDS, 201 W. P	
ORDS, 201 W. P	
RECORDS, 201 W. P	
ORDS, 201 W. P	
RECORDS, 201 W. P	
AL RECORDS, 201 W. P	
RECORDS, 201 W. P	
AL RECORDS, 201 W. P	
AL RECORDS, 201 W. P	
AL RECORDS, 201 W. P	
F VITAL RECORDS, 201 W. P	
F VITAL RECORDS, 201 W. P	
AL RECORDS, 201 W. P	
F VITAL RECORDS, 201 W. P	
F VITAL RECORDS, 201 W. P	
N OF VITAL RECORDS, 201 W. P	
F VITAL RECORDS, 201 W. P	
ION OF VITAL RECORDS, 201 W. P	
N OF VITAL RECORDS, 201 W. P	
ION OF VITAL RECORDS, 201 W. P	
ION OF VITAL RECORDS, 201 W. P	
ION OF VITAL RECORDS, 201 W. P	
IVISION OF VITAL RECORDS, 201 W. P	
ION OF VITAL RECORDS, 201 W. P	

0-09289	ı	FOR - STATE REGISTRAR		DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	8	6 G. NO.	5 8	B LDT
0 0 0 2 0 3		CEASED NAME FIRST		WIDDLE	-1	NS1	20. DATE OF DEA	TH MONTH	DAY YEAR	2b HOUR
nay be page 3	1111	POSEY	MON"	TAGUE	EPPE	RLY	JUNE	12,	1986	355 AM
поу	3. SE	X	4 RACE		5 DATE C		6 AGE (IN YEARS)	ST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
4 90 4	1	Male	Whi	te		mber 5,1901	84	YRS		
Po d d d d d d d d d d d d d d d d d d d	1	Floyd, VA	US		MARRIE			ARUNDEI		Y MD.
s offer o	4	GLEN BURNIE	Add to the contract of	HOSPITAL, NUF ICH FACILITY, GIVE ST H ARUNDI		ROTHER INSTITUTION	120 USUAL OCCU	OST OF WORKING LIE		ired
24 hour		al residence (if nurs = H) STATE irginia	OTHER INSTITUTION	134 CITY OR TO	OWN	13d INSIDE CITY LIMITS? YES NO 🖔	13e STREET ADDR		2409	199
MARYLy ed within	P	ATHER'S NAME FIRST Wesley	MIDDLE	Epper	·1v	15 MOTHER'S MAIDEN NA	ME	DIE	DeHa	art
ORE,		WAS DECEASED EVER IN U.S	S. ARMED FORCES?	16b SOCIALS	ECURITY NO.	17 INFORMANT				/ille,MD
TIME Pe e	_	No		232-14	-7220	Walter L.	epperly,	733 Lumb	ee Cour	rt,
or service to the ser		18 CAUSE OF DEATH LEnter PART I. DEATH WAS CA	DIATE CAUSE (0)	011	eleva		mon co			Cay
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours oftending physician. We this certificate has been signed by the oftending principle on the completely filled in by as the buriol-transit permit. Then please times critical principle and completely filled in by the ond Mental Hygiene prior to buriol, crimation or removal.	NO	Conditions, if ony, whice gove rise to immediate couse to its stating the underlying couse los	e DUE TO, C	DR AS A CONSE	OUENCE OF	PD	minal disease or	CONDITION GIV	EN IN PART 1	a
NA RECOR	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY	IN CERTIF	S, WERE FINDI	
SION OF VITA PHYSICIAN: TI ending physicic this certificate the burial-fronsis ad Mental Hygi		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE C	DE DEATH HOUR A	OF INJURY A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY OCCUP	RED (ENTER NATURE C	F INJURY IN ITEM 18 F	PART I OR PART 2)	
IVISION IG PHYS otherding for this of s the bur ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME S	OF INJURY TREET FACTORY, OFF	ICE FARM, ETC.)	211 LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
ATTENDIN hospital or RECTOR, Af ned for use o ppt, of Health		220.1 certify that (1) this has sow the deceased alive obove, (1) (we) (did) (did) (did)	e on	he deceased fra	986,0		todeath occurred on	the date and hou	r and Irom the	1
he ho Tochec tochec the Dept		Come 1	from !	Form	longe		MEDICAL DIRECTOR P		22c DATE	12/86
HOSPI oned b		JONATHAN		J. M.D.		GLEN BUI	010 RITCH. RNIE, MARY	IE HIGHW ZLAND 21		
Change	230	BURIAL, CREMATION, REMO		2		EMETERY OR CREMATORY	23d. LOCATION	i		
4 4 88 777		Burial	June	15,86	Jackson	/ille Cemeter	y Floyd		COUNTY	VA
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	James S.	Kirkley,	Glen Ri	ss irnie. I	1D 25a DA	TE REC'D, BY REGIS	RAR 25b, REGIST	RAP'S SIGNAL	Mondelle
		040 01	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					197		



-049050	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH.	GIENE	8 6 REG. NO.	1	5 8	1 E5
		CEASED NAME	IRST	-	AIDDLE		ast	20 DAT		NTH DA		26 HOUR
oge 3		BOBB	Y	EV	ERETTE	EII	RIDGE		JUNE	4	4, 1986	415 M
E	3 SE	x	4 R.	ACE		5 DATE C		6 AGE	(IN YEARS LAST BIRTHD	AY] I	FUNDER I YEAR	IF UNDER 24 HRS
9 2 0		MALE		WHIT	Ξ		н 17. 1925		61	YRS		A CONS
å(• b -		RTHPLACE (STATE OR FORE	IGN 76 C	CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	NEVER MARRIED	9. BALT	IMORE CITY OR	COUNTY	OF DEATH	
	C	HICAGO, ILL		U.S.A		WIDOWE			ANNE A	RUNDI	EL COUN	YTY MD.
	10.0	GLEN BURN	200	LE NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET TH ARUND	ADDRESS)	ROTHER INSTITUTION	(TYPE OF	WAL OCCUPATION WORK FOR MOST OF W	ORKING LIFE)	INDUSTRY	F BUSINESS OR
1		AL RESIDENCE (IF NURSING	HOME OR OTHE	RINSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)			tionary 1		M.C.I	•
K 1135	I	ID.	A.A.		Glen Bur		YES NO X	952	PRINCET		RRACE	21061
事场看入	14. F/	ATHER'S NAME FIRST	MIDD	LE	LAST		15. MOTHER'S MAIDEN N	AME	MIDDLE		LAS	T
5 8-8 CSC		RAY			ETHRIDGE		ADA				PARROT	T
ond c Poges		VAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED IF YES GIVE WA		166 SOCIAL SECU	IRITY NO.	17 INFORMANT (WI	FE)	ADDRESS			
		NO	N/A		419.20.4	173	MRS. VELDA	A. ET	HRIDGE	SAME	AS #1	
physicia physicia popers moval.		18 CAUSE OF DEATH			line for tot, (b), on		-		_	77.7	BETWEEN	MATE INTERVAL
eve eve	110		MEDIATE C		Car		an arr				11-6	rus
oth ce ending carb n, ar r matic				DUE TO, O	R AS A CONSEQUE	NCE OF	nic Car	1		M	12	10
ne deat ne offer mation, r froum		Conditions, if any, w	hich ((b)	12	eller	me as	die	myona	My	b u	ronous
0 0		couse (a), stating underlying couse	the 1	DUE TO, O	AS A CONSEQUE	NCE OF					Ma	
d b d b or o				(c)	C	MF	7				1 cen	1,
uires en p en p bur,	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
been significant to be only injured	은	The state of the s	Selv.	181 601101	TION FOR MANGE	ODEDATIO	N WAS PERFORMED		LITORSV2 In	AL IEVEC	WERE EN ION	105 1100
2 0 0 2	CERTIFICATION	1% DATE OF OPERATIO		146 COND	TION FOR WHICH		rabes Asyste	26 200		N CERTIFY	WERE FINDIN	OF DEATH?
	RT	71a. ACCIDENT WAS UNDERL	VINC 🗆	21b. TIME O	EINIUGY	rev	21c HOW INJURY OCCU		NOU	YES		NO []
3 0 = 1 0	6	OR CONTRIBUTING CAU			M. MONTH DA	AY YEAR	Zit flow liddoki occo	KKED (EN	ES MAJORE OF INJURY IS	A IIEW 18 PAR	RELORPARE2)	
SEC Cer	MEDICAL	(IF EITHER NOTIFY MEDICAL		P.		19	21f LOCATION					
4 5 5 5 P	MEL	west Et solvest			EET FACTORY, OFFICE F	ARM ETC)	STREET		CITY OF TOWN		COUNTY	STATE
After After out of the ost of the ost of the or or		2.000		and the second	. archite angle in the	6/	100		6/0		.01	
O.R. Hed		27s I certify that (I) (the		6/4	s deceased from	6	d that in (my lour) connec	n death ac	curred on the date	and hour	- (-	that (I (we lost
ATT lospi ed fo or of				rw the body	ofter death.	-	DEGREE	deam of		5110 1100T	22c DATE	
OR he he he hor DIRE		100	2	//		to	ATTENDING	MEDI	CAL STAFF		1/	I /
by the by the legal details and state and stat	4	22d PHV	1		(P	PHYSICIAN 177e ADDRESS	DIREC	TOR PHYSICIAL	N	196	186
SC Page of N		220. 21110	e ital cerem				are ADDRESS					
H C & O												

23c NAME OF CEMETERY OR CREMATORY

GLEN HAVEN MEM.

23d LOCATION CITY OR TOWN

PARK GLEN BURNIE A.A. MD.
250. DATE REC D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COUNTY

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

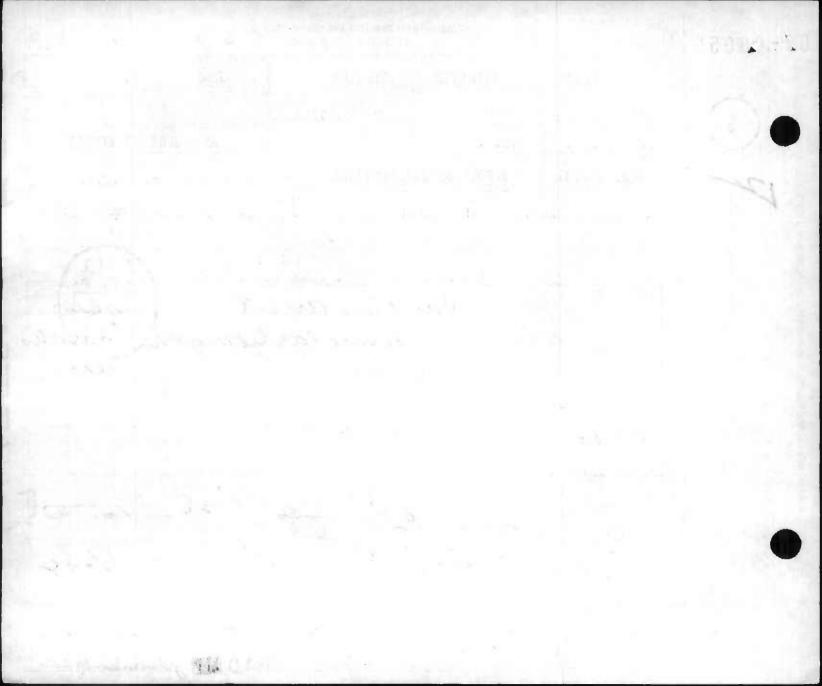
BURIAL

24 FUNERAL DIRECTOR

236 DATE

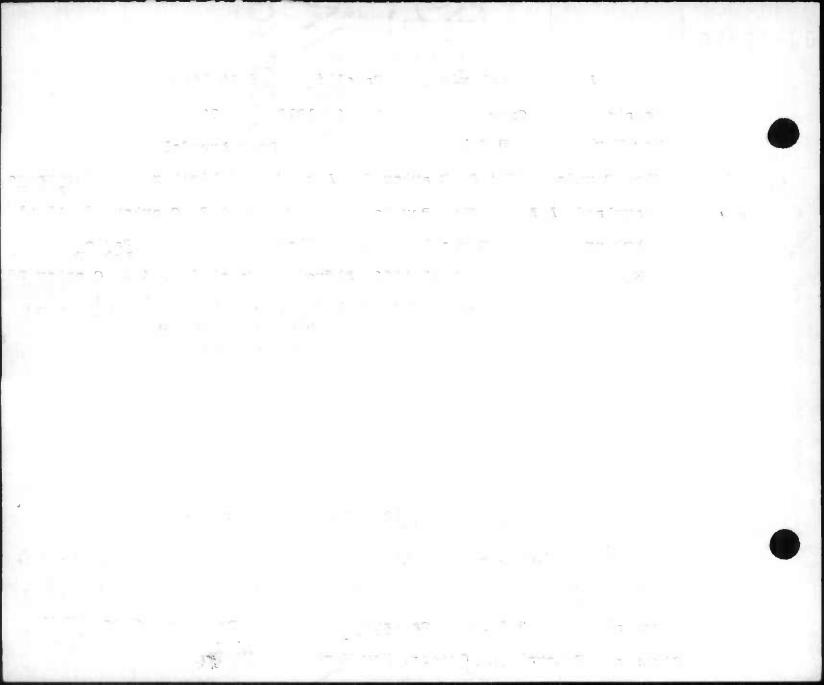
JUNE 7,1986

4 FUNERAL DIRECTOR The Staysking ADDRESS
SINGLETON FUNERAL HOME GLEN BURNIE, MD. 21061



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
Ŕ	•
A ATTENDING PHYSICIAN: The low requires that the depth certificate by executed within 24 hours are ideal. Page 4 may be	age 4 may be
nospital or attending physician.	
RECTOR. After this certificate has been signed by the attending physician and complete filled they the funeral director, page 3	mector, page 3

	1			STATE OF MARYLAND		
0-10850	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 6	58 6
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
eo de 3	1,,,,	Ann	Delores	Fanelli	6-29-1986	6 DIM
moy Fer d	3. SE	X	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
s of		Female	Cauc.	9 26 1913	72 YRS	MONTHS DAYS HOURS MIN.
1 1 1 1 C	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUN	TY OF DEATH
更 货单/		New York	U.S.A.		nne Arundel	MD.
(11 A)	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
W HOL		Glen Burnie	6504 S. Cha:	rter Rd. Apt. F	Solicitor	Insurance
12 / 1 X		AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION) VN 13d INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIP CO	Apt F
		Maryland A	.A. Glen B			rter Rd. 21061
1 Santa	14. F.	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
* i PUKC		Arthur	- Cornell	Ellen	-	Payne
d de per		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	JRITY NO. 17 INFORMANT	ADDRESS	Apt. F
1 00 1		No	052-07	-9892 Alfred M.	Fanelli 6504	
The state of the s		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per line for (a), (b), or	/	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			TE CAUSE (o)	oma ovary u	Liver and	12 years
S the state of the			DUE TO, OR AS A CONSEOL	ENCE OF Peritor	real carry	
de the de		Conditions, if any, which gave rise to immediate	(b)	and a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
# # # # # # # # # # # # # # # # # # #		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	ENCE OF	1 CA Chenia	
or of			(c)		· (car ore pla	
signe hen p o bur	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 110
been mit. The prior it	CERTIFICATION	19a DATE OF OPERATION	10h CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF Y	ES, WERE FINDINGS USED
2	음	DATE OF OPERATION	176 CONDITION TOR WHICE		IN CERT	IFYING CAUSES OF DEATH?
HYSICIAN: The Indiana physicion is certificate haburiol-transit p in Mental Hygien or Henry 8 she	E E	21a. ACCIDENT WAS UNDERLYING	1 216 TIME OF INJURY	21r HOW IN JURY OCCUR	YES NO PARTIES NO PART	YES NO
PHYSICIAN: The ending physicion this certificate in buriol-tronsit and Mental Hygie dor Hemri8 she		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	TED TEMERIANIONE OF INVOICE HALLEN	, can can can can
HYSICIA Iding pl Iding pl Ins certif buriol-1 Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE)	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
O PH orten ond sthe b	W.	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
Oly	Į.	AT WORK - AT WORK	ntal) attended the deceased fram.	10-7-85 19	10 6-30	, 19 25 that (I) (we) last
TEN TOR Of He	П	sow the deceased alive on	5-27 19	and that in (my) (aur) apinion	death occurred on the date and he	
R ATTEN hospitol IRECTOR. hed for us ept. of He		22b. SIGNATIARE	at) view the body alter death.	DEGREE		22c DATE SIGNED
F 000 F		17- Yu	elle N	ATTENDING PHYSICIAN	MEDICAL STAFF	6-30-86
HOSPITAL Index by the FUNERAL Index be deto on the Store CORTANT, H	1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	DIRECTOR THIS CLAIM	1 0 11
O S S S S S S S S S S S S S S S S S S S		A-SHAM	IM	200 FT. N	reade Md -	Lamel, 20707
Se of Mark	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	<u> </u>
BP		Burial		alvary	Brooklyn	Queens N.Y.
DHMH - 16 50M 4/83		UNERAL DIRECTOR			E REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNATURE
(VRA 15, 4)	S+	utzmann Fune	ral 4 Oueen	s. New York	MIS O. MRS Julian	Dayldon



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-tronsit permit. Then please remove corbon-popers. Pages 1 dra/2 should be filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal. IMPORTANT: If them 21 is marked or Item J 8 shows any injury, or other troumatic event, the medical examiner most be induced at after the prior to buriol.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE
LAST	2a DA

3	6 REG.	NO.	Į	5	3	
OF	DEATH	HTMOM	DAY	YEAR	25 HOLL	P

00-0870	31	FOR - STATE REGISTRAR	DEPARTM	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	5 8 1 /
		CEASED NAME FIRST	WIDDLE	LAST		AY YEAR ?h HOUR
e 4 may be stor. page 3 after death	(TYE	Elsie	Doretta	Farinholt	June 4, 1986	11.50A
po de	3 51	X	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER EYEAR IF UNDER 24 HRS
Page 4 director hours af		Female	White	Dec. 17, 1897	88 YRS.	ONINS DATS HOURS MIN.
oth. Page erol direct 72 hours o	7a 8	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
deoth.		ermany	USA	WIDOWED DIVORCED	Anne Arundel (
Street of the fire of the control of	10. 0	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) 	G HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	
	1	Linthicum	6106 Medora Ro		Seamstress	Retired
24 hours	13a	STATE 13b COUN		N 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	
The state of the s	_	aryland AA	Linthicu		6106 Medora Roa	ad 21090
d within) ILE	ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	WIDDLE	LAST
5 6 6	4	Louis	A. Hueg	Sophia	D. ADDRESS	Sprengel
ond c Poges			E WAR OR DATES)			
9 04 9	_	No I	218-28-0		aw, Same as 13	APPROVIMATE INTERVAL
physic pope novol.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	bly one couse per line for (o), (b), one			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ng p bon		IMMEDIA	TE CAUSE (a)	Jacker Jacker	٤.	0()
deoth certificate of the control of the corporation of the corporation, or removal.		Conditions if any which	DUE-TO, OR AS A CONSEQUE	NCEDIA Bedre E	melaslases	6 thro T
ne deat	1	Conditions, if ony, which gove rise to immediate couse (0), stating the	(b)	of the training of		
by the oster of the other	1	underlying couse lost	DULTO, OR AS A CONSEQUE	a lungs		
م يو وو د		PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVE	EN IN PART 110
equire n sign Then j r to bu	NO NO					
be berich	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
0 5 9 0 5	\$ 1≥				YES NO X	NO 🗆
hysicio hysicio ficote h rronsit Hygie	P	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART ?)
PHYSICIAN: ending phys this certifico te buriol-tror ad Mentol Hy d or Item 18	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19		
PHY ending this ne bu	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.	ARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ING PI r offer that the one of the orked	1	AT WORK NOT WHILE		11 4 86	0. 4	86
DR. P. O. O. O. D. D. O. D.	1	22a I certify that (I) (this haspi sow the deceased alive on	tol) ottended the deceosed from_	8 6 and that in (my) (our) opinion	death occurred on the date and hour	19 6 , that (I) (we) lost
ATTI OSPIT OSPIT OSPIT OF OF OSPIT OF OSPIT OF OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT OSPIT O		obove, (I) (we) (did) (did no	t) view 10 body offer death.	DEGREE	aeoin occurred on the date and nour	22c. DATE SIGNED
OR A he hos DIRECTOCHED THE HOS I DEPT		or Olan	1 30	Y . ATTENDING	MEDICAL STAFF	6/5/86
HOSPITAL ned by th FUNERAL JId be defer the Store ORTANT:	7	224. PHYSICIAN'S NAME (TYPE	OR PRINT)	PHYSICIAN D	DIRECTOR PHYSICIAN	10/1/
O HOSPITAI TO FUNERAI should be de with the Stoti			nthicum, M.D.		Road, Linthicum	n MD
show with	230	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	Izad LOCATION	110
BP	134	(SPECIFY) Burial		altimore National	CITY OR TOWN	COUNTY STATE
	24 1	UNERAL DIRECTOR		25a DA1	Baltimore TE REC'D. BY REGISTRAR 256 REGISTI	RAR'S SIGNATURE
DHMH - 16 50M 4/83 (VRA 15, 4)		James S.	Kirkley, Glen_Bu	rnie, MD	IUN 6 1986 June	company property
	1		V -		The same of	

the attending physicion and remove carbanpopers. Pages

MPCRIANT If Hem 21 is morked or Item 18 shows any injury, or ather traumatic event, th TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical by the other transcendence or bondope with the state Dept. of Health and Mental Hygiene prior to busial, cremation, or removal.

STATE	OF M	ARYLA	ND
-------	------	-------	----

(3)	1		
Ö	0		
-	REG	NO	

	-		5	8		1	3
			7			+	Ą,
ONTH		DAY		YEAR	2 h	HOLIP	-

	1 -	STATE REGISTRAR	DEF	CERTIF	ICATE OF DEATH	B 6	0.	8 8
2	1. DÉCEASED NAME FIRST MIDDLE (1YPE OR PRINT) HERBERT		BERT	FA	RMER	20 DATE OF DEATH	to To Hour 7 M	
	3 SE>	m	4 RACE	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	YRS.	AYS HOURS MIN.
2	No	RTHPLACE (STATE OR FOREIGN COUNTRY) Orth Carolina		MARRIEI CS. WIDOWE		Anne Ari		MD.
	An	napolis	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S AND ARCHITECTURE OR OTHER INSTITUTION GIVE RESIDENCE R	del Ge	en. Hospi	120 USUAL OCCUPATION OF CUSTOdiar	F WORKING LIFE) INDUST	D OF BUSINESS OR
0	130. S Ma	ryland Ann	INTY 13c. CITY OR		13d. INSIDE CITY LIMITS? YES 🕅 NO 🗌	13. STREET ADDRESS 1166 Mai	ZIP CODE riboro Road	0///
	1/_	THER'S NAME FIRST AWYENCE	MIDDLE Farm	er	Cora Cora	AME	Dicke	ens
-		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL S IVE WAR OR DATES) 238-0/	-0911	17 INFORMANT Robert Far	mer, son, 1	Clinton,	Maryland m Way
	NO	R	DUE TO, OR AS A CONSI	TO DEATH BUT	NOT RELATED TO THE TER	minal disease or con	DITION GIVEN IN PAR	T 100
1	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WI		N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED SES OF DEATH?
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHY MEDICAL EXAMIN 21d. IN JURY OCCURRED	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM TS PART I OR PART	2)
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	-1	STREET 1976	CITY OR TO	30 10 3 K	state that (I) (wh) last
		saw the deceased alive a	in 6/50 not) view the body after death.	19 <u>86</u> .6	nd that in (my) (aux) opinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS		22c. D.	the causes stoted ALE SIGNED
	23a. B	GUN MN	ethonell	23c. NAME OF C	2 EVEN 6	REW ROATION		mn 21146

Burial July 5.

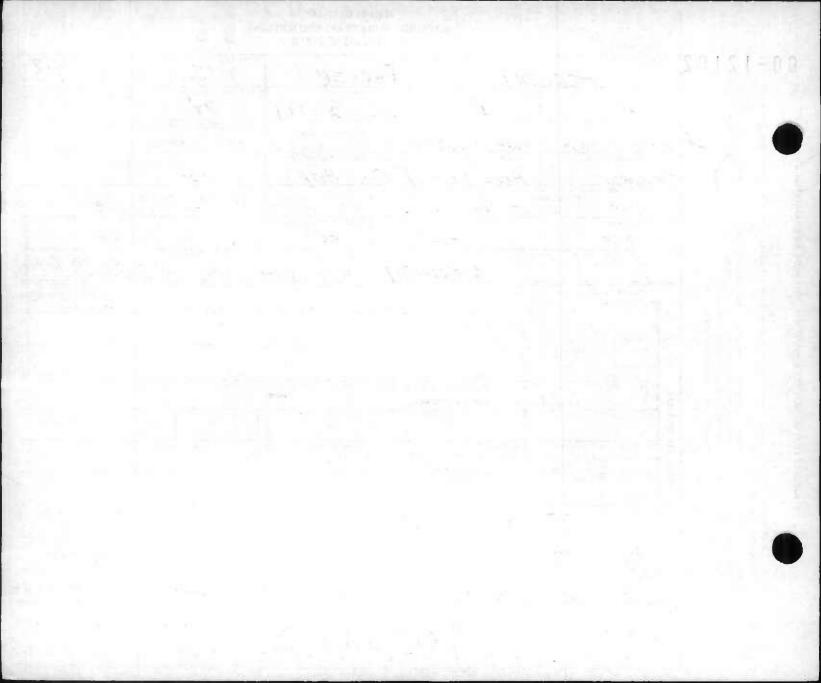
A FUNERAL DIRECTOR
Stewart Funeral Home DHMH - 16 60M 7/B4 (VRA 15, 4)

July 5,1980

P.G. Maryland

REGISTRAR 250. REGISTRAR'S SIGNATURE

4001 Benning Road, N.B.



FOR

- STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

Terry Fauver 2403 Brohown Ave Balt MD CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [] 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE and that in (my) (our) opinian death occurred on the date and hour and fram the couses stated 22r. DATE SIGNED HOSPITAL DRIVE, GLEN Brooklyn Pk COUNTY A. A. MD Burial 6-20-86 Cedar Hill Cem Barrance F.R. 501 Ritchie Hwy Severna DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2h HOUR

176 KIND OF BUSINESS OR

e DMV

21272

ente augusio que 22, 155 do come arolin

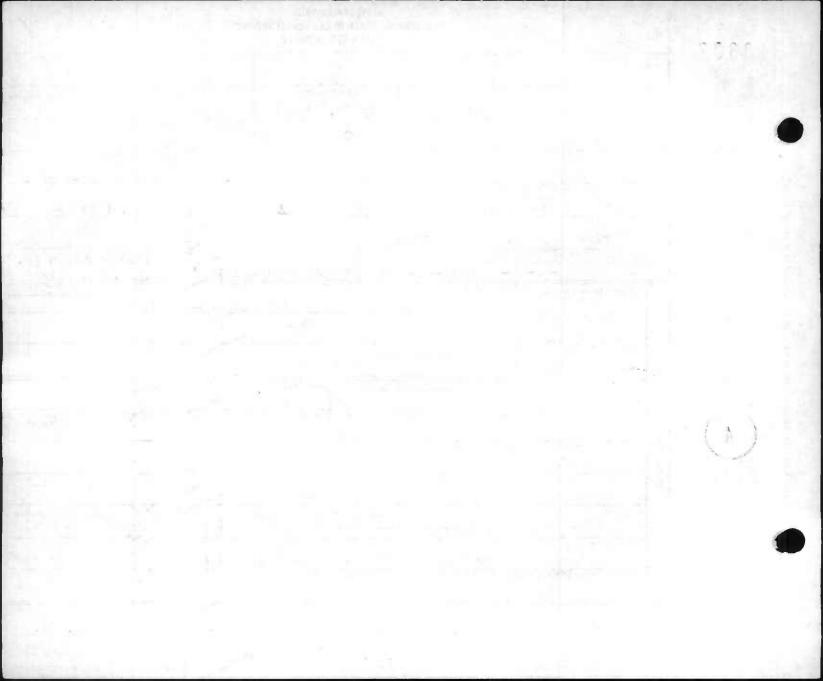
come arolin

come augusta amployae

come augusta au

meight be the second of the se

arrance .E. sol sinchie to.



DHMH - 16 60M 7/B4 (VRA 15, 4)

FOR

- STATE

GLEN BURNIE, MARYLAND 7422 BALTIMORE-ANNAPOLIS BLVD CITY OR TOWN STATE Buria1 Loudon Pk. Cemetery 2 July 86 Baltimore MD 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR tulia Davidson-Handalle James S. Kirkley Glen Burnie MD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

EDT

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

Crown Cork &Sea

1986

IF UNDER TYEAR

INDUSTRY

21144

Brumage

COUNTY

221. DATE SIGNED

STATE

26 HOUR

7:56

1.	FOR - STATE REGISTRAR	DEPAR	TMENT OF H	EALTH AND MENTAL HY	0 0	15822
		Dorothy				MONTH DAY YEAR 25-HOUR
-	and the second s	4 RACE S. DATE O		DF BIRTH	6 AGE (IN YEARS LAST BIR!	HDAY) IF UNDER I YEAR IF UNDER 24 HRS
2	COUNTRYS	USA	MARRIE	D NEVER MARRIED	ANNE A	
1 -		(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME C ET ADORESS) P	ROTHER INSTITUTION Leasant Convalesce	120 USUAL OCCUPATION TO THE Editor	DN 126 KIND OF BUSINESS OR INDUSTRU S GOVT Dept Navv
130 S	AL RESIDENCE (IF NURSING IT MEORE STATE DE COUNT	OTHER INSTITUTION GIVE RESIDENCE BEFO	DRE ADMISSION	Center	2500 Bran	00000
14. FA		Harmon LAST		Mary Erst	ME	LAST
léa V	NAS DECEASED EVER IN U.S. ARA NO OR UNKNOWN) (IF YES, GIVE			Joan Sebas	stian 39 Edg	Virginia AVe ewater, Md. 21037
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQ (c)	UENCE OF	NOT DELAYER TO THE YEAR	ANNA DISEASE OR COM	NUMBER OF STREET
TIFICATION	190 DATE OF OPERATION				200 AUTOPSY? YES NO	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
MEDICAL CER	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WMILE IN NOT WHILE I	P.M. 21e PLACE OF INJURY	19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	
	220.1 certify that (1) (this hospite saw the deceased alive an above, (1) (wg) (did) (did nat 22b, SIGNATURE)	yyew the body after death. PULL BETAIT	86, ar	nd that in (my) (aur) opinian DEGREE ATTENDING PHYSICIAN [MEDICAL STAF DIRECTOR PHYSIC	F 6-20-8€
	1. DE PIO CE PROPERTIES PROPERTIE	1. DECEASED NAME FIRST 1. DECEASED NAME TYPE OR PRINT] C LB A 3. SEX FEmale 3. SEX FEmale 40. BIRTHPLACE (STATE OR FOREIGN COUNTRY) OKlahoma 10. CITY OR TOWN OF DEATH C DOWN OF DEATH 11. DEATH C DOWN OF DEATH 12. DEATH C DOWN OF DEATH 13. STATE DOWN OF DEATH 14. FATHER'S NAME DOWN OR UNKNOWN DEPT 15. CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSED IMMEDIATI 18. CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSED IMMEDIATI 19. DATE OF OPERATION 190. DATE OF OPERATION 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH CAUSE OF DEATH	1. DECEASED NAME FIRST DOROTHY 3. SEX FEMALE 10. BIRTHPLACE (STATE OR FOREIGN TO COUNTRY) 10. CITY OR TOWN OF DEATH TO COUNTRY 10. CITY OR TOWN OF DEATH TO COUNTRY 11. NAME OF HOSPITAL, NURS OF HOSPITAL,	TO STATE REGISTRAR I. DECEASED NAME (177F OR PRINT) I. DECEASED STATE OR FOREIGN II. DEATH WAS COUNTRY III. NAME OF HOSPITAL, NURSING HOME (IF NOT INSUCH FACILITY, GIVE SERVER ADMISSION) III. NAME OF HOSPITAL, NURSING HOME (IF NOT INSUCH FACILITY, GIVE SERVER ADMISSION) III. NAME OF HOSPITAL, NURSING HOME (IF NOT INSUCH FACILITY, GIVE SERVER ADMISSION) III. NAME OF HOSPITAL, NURSING HOME (IF NOT INSUCH FACILITY, GIVE SERVER ADMISSION) III. NAME OF HOSPITAL, NURSING HOME (IF NOT INSUCH FACILITY, GIVE SERVER ADMISSION) III. NAME OF HOSPITAL, NURSING HOME (IF NOT INSUCH FACILITY, GIVE SERVER ADMISSION) III. NAME OF HOSPITAL, NURSING HOME (IF NOT INSUCH FACILITY, GIVE SERVER ADMISSION) III. NAME OF HOSPITAL, NURSING HOME (IF NOT INSUCH FACILITY, GIVE SERVER ADMISSION) III. NAME OF HOSPITAL, NURSING HOME (IF NOT INSUCH FACILITY, GIVE SERVER ADMISSION) III. NAME OF HOSPITAL, NURSING HOME (IF NOT INSUCH FACILITY, GIVE SERVER ADMISSION) III. NAME OF HOSPITAL, NURSING HOME (IF NOT INSUCH FACILITY, GIVE SERVER ADMISSION) III. NAME OF HOSPITAL, NURSING HOME (IF NOT INSUCH FACILITY, GIVE SERVER ADMISSION) III. NAME OF HOSPITAL, NURSING HOME (III. DECEMBER) III. NAME OF HOSPITAL, NURSING HOME (III. DECEMBER) III. NAME OF HOSPITAL, NURSING HOME (III. DECEMBER ADMISSION HOME (III. DECEMBER) III. NAME OF HOSPITAL, NURSING HOME (III. DECEMBER) III. NAME OF HOSPITAL, NURSING HOME (III. DECEMBER III. NAME OF HOSPITAL, NURSING HOME (III. DECEMBER III. NAME OF HOSPITAL, NURSING HOME (III. DECEMBER III. NAME OF HOSPITAL, NURSING HOME III. DECE	THE STATE REGISTRAR I. DECEASED NAME THE STATE OF DEATH I. DECEASED NAME THE STATE OF OPERATOR OF THE STATE OF THE STATE OF OPERATOR OF THE STAT	TOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune should be detacked for use as the buriol-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, ar removal. BP. DHMH - 16 60M 7/B4

24 FUNERAL DE ROBert EWilhelm Funeral Home

230. BURIAL, CREMATION, REMOVAL Burial

| 23b DATE | 2July1986

23c NAME OF CEMETERY OR CREMATORY 27 Cedar Hill Cemetery

230 LOCATION y Sulttland

ST Md °PG

Suitland, Md.

(VRA 15, 4)

STATE OF MARYLAND

8	6	NO	1	5	8	2 _{en}	ب
206	DEATH	MONTH	Day	75.46	15	NACTURE.	+

1	1.	1 - STATE CERTIFICATE OF DEATH 8 6 NO. 1 5 8 2- 15									70			
i		DECEASED NAME FINST MIDDLE LAST							To DATE OF DEATH WONTH DAY YEAR 25 HOUR					
		MARGARET FOR					the free branch of			JNE	29	, 1986	344	PM
	1. SE	Fema	l.	Whi	iti	S. DATE	ог витн 3 21	ïž		74 74	VRS.	FUNDER I YEAR	HOURS-	MIN.
1	70.8	Vermont	FOREIGN 7h.	U.	S.A.	MARRIE		RCED [ANNE AF		OF DEATH	Y	MD.
4	1	GLEN BUR!	NIE	NOR7	H ARUNDE	L HOS		NOITL	Sales	Manag	er omena um	Jewel		
É	ille.	ALRESIDENCE (FNUS) STATE (aryland		A .	Glen Bu	rnie	THE INSIDE CITY	LIMITS?	" SIE	ADDRESS / Z Margat	e Dr	ive 210	61	
2	2	Simon	MID	DAR	Gillesp		IS MOTHER'S M	it.	ME	MICIDLE			boot	
,		WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SEC		17. INFORMANT		100	ADDRESS		2122		
	-5	NO NO	I'm rea some w	an Carpwich	008-05-	3885	Joseph	T. Mo	ore	816 St	oll !	1 St. Balto Md		
	NO	Conditions, if any, gave rise to introduced in state underlying couse PART 2 OTHER SIGN	nediate ng the last	(6)	R AS A CONSEQU	SENCE OF	T NOT RELATED TO	O THE TERM	INAL DISEAS	É OR CONDIT	ION GIVE	N BY PART III		
1	CERTIFICATION	1% DATE OF OPERATION 196. CONDITION FOR				H OPERATIO	ON WAS PERFORM	NED .	78e AUTO	NO.	IN IF YES, N CERTIFY YES	WERE FINDIN	OF DEATH	e
1	The state of the s	21s. ACCEPHY WAS UNION CONTRIBUTING []	CHUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH D	DAY YEAR	The HOW INJU	RY OCCURS	RED (Intram	TURE OF HUURS	to office 18 the	MET I QUE PART 23		
	MEDICAL	AT WORK AT WOR	W.F.	THE PLACE INTHOME STI	OF INJURY BEST, FACTORY, OFFICE,	1 (AM, ETC.)	ZIE LOCATION	0		CITY DE TOWN	101	countr	wife	14
	9	27s.1 certify that (I) say the decease above, (I) (week	ed alive on	10 1 1	1100 10		and that in (my) (a	19. ur) opiman i	death occurre	of on the date			that (I) (we couses stat	
		77h. SGNATURE	X	re 1	3 Nou	ung		ENDING YSICIAN	DIRECTOR	STAFF	20	6/	20	186
/		JORGE		GIREZ.	M.D.	0	22. ADDRESS			KWOOD I		#205	-	
		BURIAL CREMATION. (SPECIAL) Buria	REMOVAL	7/3/	23c		TEMETERY OR CRI	MATORY	334 TOC	ItIhor		X.A.	76	ià
		eorge J. (ionce l	+001 R	itchie H	Igwy B	alto Md	JU.		1000		RAR'S SIGNAT	URE	

JUL 3 - 1986

DHMH - 16 60M 7/84 (VRA 15, 4)

A Done Man Signification of the contract

BP

DHMH - 16 50M 7/77

(VR A 15 (4))

FOR

INDUSTRY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN PHYSICIAN 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION BURIAL CREMATION, REMOVAL D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE was arent exercised in

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

YEAR

IF UNDER 1 YEAR

86

2b. HOUR

12b. KIND OF BUSINESS OR

IF LINDER 24 HRS

MD.

1187 1178 THE PARTY OF STREET, S Demonstrate of the contract of Many Charles Transfer and Legendon Many to a minimum of the or all the comment of the C. E. MIRE PANAPOLES Me

STATE OF MARYLAND

8	6 REG. NO	1	5	ਲ	2 _{ED}

-09660	1 - FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 6	5 8 2 _{ED}
1 11	1. DECEASED NAME FIRST (TYPE OR PRINT) JOHN	Middle	GERLAND	JUNE	9, 1986 425 A
ge 4 may extor. pag my after de	3. SEX MALE	CAUCASION	5. DATE OF BIRTH OAY OAY T = 5 - 30	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
B A Table	70. BIRTHPLACE (STATE OR FOREIGN MARYLAND	UNITED STATES			NTY OF DEATH NDEL COUNTY MD.
4	GLEN BURNIE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY CIVE STREET NORTH ARUND)	NG HOME OR OTHER INSTITUTION EL HOSPITAL	120 USUAL OCCUPATION (TYPEOE WORK FOR MOST OF WORKIN MARSHALL	126 KIND OF BUSINESS OR INDUSTRY US. COURT
filled in hould be	MARYLAND 13b COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY 13c. CITY OR TOV PASADEN	YA YES NO TO	4 GENE AVE.	ODE /21122
020 A)	WILLIAM	A. GERLAN	ND EVELYN	M	CARTER
ares that the death cereboots band by the otherding physicion please remove to be appear busing cremation, or removal, by, or other traumatic event, the	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if only, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	only one couse per ling for (o), (b), or SED BY: ATE CAUSE (o)	Tatu Son (1	ancer	APPROXIMATE INTERPALA BETWEEN ONSET AND DEATH
OSPITAL OR ATTENDING PRESSCIAN. The live may read by the heaptical or attending physician. FUNETAL DIRECTOR, After this confliction has been yild be detuched for use or the build-fromit permit. This is the Dept. of Health and Mantal Hygiens priorition of the State Dept. of Health and Mantal Hygiens priorition.	sow the deceased alive obove 11 we had 14-4. 22b. SIGNATUS 77d. PHYSICIAN'S NAME 11-11	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE 21b. TIME OF INJURY (AT HOME STREET FACTORY OFFICE) 21b. TIME OF INJURY (AT HOME STREET FACTORY OFFICE) 21c. TIME OF INJURY (AT HOME STREET FACTORY OFFICE) 21c. TIME OF INJURY (AT HOME STREET FACTORY OFFICE)	FARM. EIC.) 211 LOCATION STREET 19 19 10 DEGREE M. D. ATTENDING PHYSICIAN 22e ADDRESS	JRRED (ENTER NATURE OF INJURY IN ITEM CITY OR IOWN an death accurred an the date and MEDICAL STAFF DIRECTOR PHYSICIAN 7845 OAKWOOD RO	that (I) (we) last have and from the causes stated 22c. DATE SIGNED 6-9-86 AD, SUITE 205
BP Down	LONG S. H 230 BURIAL, CREMATION, REMOVA BURIAL 24 FUNERAL DIRECTOR	AL 236 DATE 23c.	NAME OF CEMETERY OR CREMATOR ARYLAND VETERAL		E. A . A . MD STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BARRANCO SEVERNA PARK, MD 21146

THE RESERVE OF THE PARTY OF THE 4 95 8 4 2 122 MATTERS A.A. CRASTAN A Delay at A Delay at A 10H2LH 21-26-128 Co. a.w. U.S. L. (D. Co. L. L. 13) CHEST AND MAINTAINS CONTRACTOR OF THE PARTY The contraction day as a supply of the contraction of the contraction

V	Ite		FOR					F MARYLA		VCIENE				
nn-	104 13	1-	STATE 8/6	/86 /	Gbj. ME	DICAL EX	AMINER'			FDEATH	6 REG	NO 5	8 2	2 6
0 0	10713		CEASED NAME	FIRST		MIDCLE		Chira	ardini	20 DA	TE KNOWN	нтиом СХ	DAY YE	AR 26 HOUR
11	결혼점등면		L OX FRIEIT	ROWE	2	A .		CHIRA			F ESTI-	□ 6	15 19 8	6 M
7.	多克兰克	3. SE)	4	. RACE	5 DATE OF BIRTH	YEAR		FUNDER 1 YR.	IF UNDER		ATE OUNCED	MONTH	DAY YE	AR 2d HOUR
	L DIRE COUR V72 H	-	-2-	HITE	8 - 29	-37	48 YRS.			D	EAD	6	15 198	
	HASEK V	FO	RTHPLACE (STA		76. CITIZEN OF W		M	ARRIED X NI		D		_	TY OF DEATH	
	SECOND OF		ASSA CHI		UNITED	STATE		OTHER INSTITU	DIVORCE	D U A		rundel	County	
	3535 4	11.3	Glen Bu			CILITY, GIVE STREET	ADDRESS)	OTTER INSTITE		MARKET		DIR.	WEST]	JSTRY
-	SEA SEA		L RESIDENCE (OR OTHER INSTITUTION, G		RE ADMISSION)	had incine						
2120	の個数数数		RYLAN			MILLE	RSVIL	E YES	NO X	509 PO	INTF	IELD I	DR./21	.108
WD.	#2:<8E5 \		ATHER'S NAME	F. M.	MIDDLE Ghir	ardinsi			HER'S MAIDER		MIDDLE		LAST	
ORE,	OF AN PROPERTY	_	NGELO		W. GH	IRANDI	NI		GARET		F.		ROWI	2
BALTIMORE, MD.	SES 1 PA		VAS DECEASED		RMED FORCES? E WAR OR DATES)		0-428			HIRARI	ADDR		AS #	13)
BAL	BURS AFTER B. GIVE PA WITH FOR IT. PAGES I	-	NO	DE ATH (February				217	VIA G	TIMAKI	TINT	(SAME		MATE INTERVAL
ST.,	Z =	1	PARTIDEA	THE SALAC CALLOR	nly ane cause per line ED BY: ATE CAUSE (a)			ic card	iovacc	ular di	50250		BETWEENO	NSET AND DEATH
PRESTON ST	N 24 HOL N ITEM 18 ALONG SIT PERMIT YYGIENE,			IMMEDIA		AS A CONSEC		LC Cara.	10/450	dial di	bease			
A SE	WITHIN NCIL IN INER A IRANSII VIAL HY			, if any, which										
×	PENCI AMINE - TRA ENTA OR R	7		tating the under		AS A CONSEC	QUENCE OF							
. 20	EXECUTED NG" IN PRICAL EXAM BURIAL - 1 AND MEI WATION, C	3,1			(c)									
DIVISION OF VITAL RECORDS	DUID BE EXECUTED WITHIN 24 HG 2 "PENDING" IN PENCIL IN ITEM IFF MEDICAL EXAMINER ALONG SED AS A BURIAL - TRANSIT PEN F HEALTH AND MENTAL HYGIENE IAL, CREMATION, OR REMOVAL.	Z	PART 2 OTHER SIG	IIFICANT CONDITION	CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMINAL (ISEASE OR CONDITIO	ON GIVEN IN PAR	T 1 : a				
REG	PENDING BE	CERTIFICATION	19a DATE OF C	PERATION	19b. CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFO	RMED?				20 AUTOF	SY?
/IIA	WORD "PE WORD "PE E CHIEF A BE USED A SNT OF HE	TIFIC											YES \$	ON D
OF.	ATE WENTHE		210. EXTERNAL	_	216. TIME O HOUR A.M	FINJURY 1. MONTH DA		CHOW INJUR	Y OCCURRED	ENTER NATURE	OF INJURY IN ITE	M 18 PART 1 OR P.	ART 2)	
O N	RTIFIC NG TH SHOU EPARTI	MEDICAL	CONTRIBUTIN	G CAUSE OF			19							
SIVIS	WE # 60 0 -	MED	21d. INJURY OF WHILE AT WORK	NOT WHILE		OF INJURY (/ TORY, FARM, ETC.)	T HOME, 21	STREET		CITY	R IOWN	CC	DUNTY	STATE
			AT WORK	AT WORK				₽						
	# 4 0 % H h	16			ge al the remains de		1	utapsy X.	Inspection		uiry 🔲.	and in my a	pinian	
	EXAMINICEERTIFICATION BE F DIRECTO		death resulted	from: Nati	ural causes X,	Accident _	J, Suicide		(SPECIFY)	Undetermine	d manner [_	٠,		
	CALEXA THE CER SHOULD ERAL DIR EATH, WI		ACTUAL SIGNATURE_	Was	ite. In	eUho	ls		istant	MEDICAL E	V A AA INIED	DATE	6-16-	-86
	0 = 4 7 0 2	1	121		Y	- 114								
	₹ OR EE		(TYPE OR PRIN	T) Marc	garita A.	Korell	M.D.	ADDRESS	111 P	enn St.		to., M	D 2120)1
	524548 -	23a.B	URIAL, CREMAT	ON, REMOVAL				RY OR CREMAT		COMM I	PORE	COL	PINTY	ĞÄ
07/84 25M	BP		UKIAL UNERAL DIRECT	OR	6-19-86		1 1	CEMET		EC'D. BY REGIS		EGISTRAR'S	SIGNATURE	UA
	DHMH - 17 (VR A15 ME (5))		ARRANC		RITCHIE	MD HWY SE	21146 V ERNA	PARK	HINO	O 4000	1 .	A S	4) to	
	(4 K W 12 14 K (2))	100	THINTIA	י עלד ט	CTTOILTE.	TALL TO T	A THINK	4 1117	BALLS	11 四种银行	Chillian	STATE OF THE	o Continue	D

BOHOWITCHE . MIG DITTING AND

TARTAME A. A. FILERY ILER STATE E TOP POINTRILL DR. /21108

NOTED W. ORIGINATES ARABET F. GOLDON NOTED NO. 130 CONTRACTOR (SANGERS AS # 13)

BURTAL 6-19-86 CENTRAL CENTERY COLLEGE,

PARTANCO 1905 RIPORITE HOY SEVERNA FARE

00-0950

within 24

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician. poge 3

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 6 NO.	1 5	8	2	
		V	-	_

DEC	CEASED NAME FIRE	\$1	MI	IODLE	L	LAST	20. DATE OF DEATH	MONTH	OAY YEAR	2h HOUR
							Ze. DAIL OF DEATH			
(TYPE	ORPRINTI Mar-	1 (Dick	Ler			6-11-			4:2
3. SE)	X	4 RAC	CE	1 .	5. DATE C		& AGE (IN YEARS LAST BIR	THDAY}	MONTHS DAYS	IF UNDER 24
	Temale		WI	rite		7,1900 YEAR	85	YRS.		HOURS
	RTHPLACE STATE OR FOREIG			HAT COUNTRY?	8.	D NEVERMARRIED	9 BALTIMORE CITY	R COUNT	Y OF DEATH	
	ashington, D		USA		WIDOWE	DIVORCED	ann	e ary	endel (ocenty
10 CI	TY OR TOWN OF DEATH			OSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS
215117	AL RESIDENCE (IF NURSING HO	CHE OR OTHER		1-7	((Housewife		Hom	ne
13a S	aryland A	nne Ar	runde	Annapo	lis	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 3093 We 1			146
14. FA	ATHER'S NAME					15 MOTHER'S MAIDEN NA	ME	3		
	Jöhn	WIODIE		Lumpk i	in	Mary	J.		Corey	r
	VAS DECEASED EVER IN U	S. ARMED F		166 SOCIAL SECU	JRITY NO	17 INFORMANT	ADDR	ESS		
		/A		28 68 44	452	Janet M. Lo	ong (Daughte	erX sa	me as #	13)
	Conditions, if any, while gove rise to immedia couse (a), stating t	ich ote	DUE TO, OR	AS A CONSEQUE	ENCE OF	asc.v.D	tian	rary i		
ATION	Conditions, if any, whi gove rise to immedia cause (a), stating to underlying cause lo PART 2. OTHER SIGNIFIC	ich Die He Dost. D	DUE TO, OR (b) DUE TO, OR (c) DITIONS COR	Selection AS A CONSEQUE Selection Prince Pri	ENCE OF	MONEY arres as C.V.D. malnuty NOT RELATED TO THE TERM				
TIFICATION	Conditions, if any, whi gove rise to immedia couse to, stating to underlying couse to	ich Die He Dost. D	DUE TO, OR (b) DUE TO, OR (c) DITIONS COR	Selection AS A CONSEQUE Selection Prince Pri	ENCE OF	Menary arres ASC.V.D Malnuty NOT RELATED TO THE TERM IN WAS PERFORMED	200 AUTOPSY?	20b. IF YE	VEN IN PART THE	IGS USED
CAL CERTIFICATION	Conditions, if any, whi gove rise to immedia cause (a), stating to underlying cause lo PART 2. OTHER SIGNIFIC	ANT CONDI	DUE TO, OR (b) DUE TO, OR (c) DITIONS CON (19b. CONDIT	AS A CONSEQUE SELE NTRIBUTING TO I ON FOR WHICH INJURY MONTH DA	ENCE OF POPERATIO		200 AUTOPSY?	20b. IF YES	S, WERE FINDIN FYING CAUSES ES	IGS USED OF DEATH?
MEDICAL CERTIFICATION	Conditions, if any, whi gove rise to immedia couse to stating to underlying couse to PART 2. OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE	ANT CONDI	DUE TO, OR (b) DUE TO, OR (c) DITIONS COT (b) Th. TIME OF HOUR A.M P.M P.M P.M P.M P.A P.A P.A	AS A CONSEQUE SEVE NTRIBUTING TO I ION FOR WHICH INJURY 1. MONTH DA	ENCE OF OPERATIO AY YEAR 19	N WAS PERFORMED	200 AUTOPSY?	20b. IF YE IN CERTIF YE	S, WERE FINDIN FYING CAUSES ES	IGS USED OF DEATH?
	Conditions, if any, whis gove rise to immedia couse (a), stating to underlying couse to the couse (b). PART 2. OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CRONTRIBUTING CAUSE (IF EITHER NOTHEY MEDICALEX. 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 27a I certify that (f) this sow the deceased of obove (f) (well daily).	ANT CONDI	DUE TO, OR (b) DUE TO, OR (c) OH TONS CON THE OF HOUR A.M P.M P.M P.M The PLACE O ANTHOME STREE Hended the	AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO I ON FOR WHICH INJURY A. MONTH DA IF INJURY ET, FACTORY OFFICE, F deceosed from 10	ENCE OF POPERATIO AY YEAR 19 FARM EIC 1	716. HOW INJURY OCCUR	200 AUTOPSY? YES NOTER NATURE OF INJU CITY OR TO	20b. IF YE. IN CERTIF YE. RY IN ITEM 1B. I	S, WERE FINDING CAUSES ES COUNTY Or ond from the	NGS USED OF DEATH NO STAT
	Conditions, if any, whis gove rise to immedia couse (a), stating to underlying couse to the couse (b). PART 2. OTHER SIGNIFIC 198 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX. 216 INJURY OCCURRED WHILE NOT WHILE AT WORK AND WORK 220 I certify that (1) this saw the deceased of	ANT CONDI	DUE TO, OR (b) DUE TO, OR (c) OH TONS CON THE OF HOUR A.M P.M P.M P.M The PLACE O ANTHOME STREE Hended the	AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO I ON FOR WHICH INJURY A. MONTH DA IF INJURY ET, FACTORY OFFICE, F deceosed from 10	ENCE OF ENCE OF OPERATIO OPERATIO AY YEAR 19 FARM EIC 1	216. HOW INJURY OCCUR 216 LOCATION STREET , 19	200 AUTOPSY? YES NOTER NATURE OF INJU CITY OR TO	20b. IF YE. IN CERTIF YE. RY IN ITEM 1B. I	S, WERE FINDIN FYING CAUSES ES D PART 1 OR PART 2)	NGS USED OF DEATH NO STAT
	Conditions, if any, whis gove rise to immedia couse (a), stating to underlying couse to the couse (b). PART 2. OTHER SIGNIFIC 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX. 21d INJURY OCCURRED WHILE ALWORK ALWORK ALWORK ALWORK ALWORK SOW the deceased of above, (1) (weel (did) (c). 22b. SIC	ANT CONDITION OF DEATH LAMINER) ANT CONDITION OF DEATH LAMINER) AND CONDITION OF DEATH LAMINER)	DUE TO, OR (b) DUE TO, OR (c) DITIONS CON (19b. CONDIT (1)b. TIME OF HOUR A.M P.M P.M (le PLACE O HAT HOME STREET (thended the	AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO I ON FOR WHICH INJURY A. MONTH DA IF INJURY ET, FACTORY OFFICE, F deceosed from 10	ENCE OF ENCE OF OPERATIO OPERATIO AY YEAR 19 FARM EIC 1	216 HOW INJURY OCCUR 216 LOCATION STREET 19 and that in (my) (ax) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NOTER NATURE OF INJU CITY OR IC. deoth occurred on the d	20b. IF YE IN CERTIFY YE IN TEM 18 I	S, WERE FINDING CAUSES ES PART 1 OR PART 2) COUNTY 19 27 ond from the	NGS USED OF DEATH NO STAT
MEDICAL	Conditions, if any, whis gove rise to immedia couse to it immedia couse to it immedia to the couse to it is a second of the	ANT CONDITION OF DEST. ANT CONDITION OF DEATH AMERICAL OF DEATH AMERICAN OF DEATH OF DEATH AMERICAN OF DEATH AMERICAN OF DEATH AMERICAN OF DEATH O	DUE TO, OR (b) DUE TO, OR (c) DITIONS CON (19b. CONDIT (71b. TIME OF HOUR A.M P.M (1e PLACE O LAT HOME STREE (thended the	AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO I ON FOR WHICH INJURY A. MONTH DA IF INJURY ET, FACTORY OFFICE, F deceosed from 10	ENCE OF ENCE OF OPERATIO OPERATIO AY YEAR 19 FARM EIC 1	71f. HOW INJURY OCCUR 71f. LOCATION STREET 19 nd that in (my) (ox) opinion DEGREE	200 AUTOPSY? YES NOTER NATURE OF INJU CITY OR IC. deoth occurred on the d	20b. IF YE IN CERTIFY YE IN TEM 18 I	S, WERE FINDING CAUSES ES PART 1 OR PART 2) COUNTY 19 27 ond from the	NGS USED OF DEATH? NO state that (I) couses state SIGNED
	Conditions, if any, whis gove rise to immedia couse (a), stating to underlying couse to the couse (b). PART 2. OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CRONTRIBUTING CAUSE (IF EITHER NOTHEY MEDICALEX. 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 27a I certify that (f) this sow the deceased of obove (f) (well daily).	ANT CONDI	DUE TO, OR (b) DUE TO, OR (c) OH TONS CON THE OF HOUR A.M P.M P.M P.M The PLACE O ANTHOME STREE Hended the	AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO I ON FOR WHICH INJURY A. MONTH DA IF INJURY ET, FACTORY OFFICE, F deceosed from 10	ENCE OF ENCE OF OPERATIO OPERATIO AY YEAR 19 FARM EIC 1	21f LOCATION SIREET 19 nd that in (my) (ox) opinion DEGREE	200 AUTOPSY? YES NOTER NATURE OF INJU CITY OR IC. deoth occurred on the d	20b. IF YE IN CERTIFY YE IN TEM 18 I	S, WERE FINDING CAUSES ES PART 1 OR PART 2) COUNTY 19 27 ond from the	NGS USE OF DEA NO [
MEDICAL	Conditions, if any, whis gove rise to immedia couse (a), stating to underlying couse to the couse (b). PART 2. OTHER SIGNIFIC 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX. 21d INJURY OCCURRED WHILE ALWORK ALWORK ALWORK ALWORK ALWORK SOW the deceased of above, (1) (weel (did) (c). 22b. SIC	ANT CONDITION OF DEST. ANT CONDITION OF DEATH AMERICAL OF DEATH AMERICAN OF DEATH OF DEATH AMERICAN OF DEATH AMERICAN OF DEATH AMERICAN OF DEATH O	DUE TO, OR (b) DUE TO, OR (c) DITIONS CON (19b. CONDIT (71b. TIME OF HOUR A.M P.M (1e PLACE O LAT HOME STREE (thended the	AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO I ON FOR WHICH INJURY A. MONTH DA IF INJURY ET, FACTORY OFFICE, F deceosed from 10	ENCE OF ENCE OF OPERATIO OPERATIO AY YEAR 19 FARM EIC 1	216 HOW INJURY OCCUR 216 LOCATION STREET 19 and that in (my) (ax) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NOTE RED (ENTER NATURE OF INJU CITY OF TO deoth occurred on the d MEDICAL STA DIRECTOR PHYSIC	20b. IF YE IN CERTIFY YE IN TEM 18 I	S, WERE FINDING CAUSES ES PART 1 OR PART 2) COUNTY 19 27 ond from the	NGS USED OF DEATH' NO state that (I) the couses state SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

NAME

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the busial-transit permit. Then please remove corbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Ives-Pearson Arlington, Funeral Homes Va. 22201 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

JUN 1 6 1986 Grand Deviden 17



	1 -	FOR STATE REGISTRAR		DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 QG.N	io.	5 8	Z _{EDT} 8	
93		CEASED NAME FIRST	MIDDLE		U	AST	2a. DATE OF DEATH	MONTH OA	AY YEAR	2b. HOUR	
63		BLANCHE			GILLI	:AM	JUNE	1.	1986	1123 PM	
-10	3 SEX	X	4 RACE	CT ELOT	5. DATE O		6. AGE (IN YEARS LAST BI	RTHDAY}	ONTHS DAYS	IF UNDER 24 HRS	
		Female	Black		2	17 13	m 73	YRS.			
70	70 BI	RTHPLACE ISTATE OR FOREIGN Country) Carolina	USA	COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY S				
54	10 CI	GLEN BURNIE	(IF NOT IN SUCH FACIL	ITY, GIVE STREET A		ROTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST			OF BUSINESS OR	
35		AL RESIDENCE (IF NURSING HOME OF			ADMISSION)	13d INSIDE CITY LIMITS? YES NO X	130 STREET ADDRESS	/ ZIP CODE arlei	gh Hg	1146 hts.	
71	-	ATHER'S NAME Aymond	Rob	inson		Addie	ME		Robi		
The dicol				3-28-0		Martha Joh	nson 135		igh H	ghts.	
ent, me		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
other traumatic e		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.		4	uks						
o , funday, o	NOIL	PART 2 OTHER SIGNIFICANT	ES, WERE FINDINGS USED								
2	CERTIFICATION	1/2/56	Per ton	n A	DPERATION	sis Catheter	YES NO	20h IF YES, HY CERTIFY YES	ING CAUSES	NGS USED S OF DEATH? NO []	
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.		Y YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PAR	RT TOR PART 2)		
ked or it	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF IN (AT HOME, STREET, FA		RM, ETC)	21f LOCATION STREET	CITY OR T	OWN	COUNTY	STATE	
om si 17		220.1 certify that (1) (this hasp saw the deceased prive of above (1) (we) (dya) (did rij			6/14 C. on	d that in (my) (our) opinion	death occurred on the c	lote and hour	9 46, and from the	that (I (we) lot couses stated	
# # # # # # # # # # # # # # # # # # #		22b. SHOWATURE	effect	3	el (ATTENDING PHYSICIAN	MEDICAL STA		22c DATE	SIGNED	
X X		224. PHYSICIAN'S NAME (TYPE	OR PRIMITY			22e ADDRESS 784	5 OAKWOOD	ROAD #2	200		
<u> </u>		DAVID A. SCH					EN BURNIE,	MARYLAN	ID 2106	51	
		BURIAL, CREMATION, REMOVAL	6/7/86	230 N St.		emetery or crematory omas Cam.	Randal	lstown	COUNTY	MD.	
7/B4	24 FI	UNERAL DIRECTOR	5 3 1 4 7	ADDRESS		25a. DAT	E REC'D. BY REGISTRAL	256 REGISTR	AR'S SIGNAT	TURE	
. 54	L	erov O. Dvett	4600 T.1	h Hol	nts	AWA JU	N 4 MH6	Julia Da	N-4000	will the	

				and the second	
			D. Dieles IX		
		T (participate)			
and a leaf to be sent of their on		100			
					44375
	mb?	night.			

00-113311

- STATE REGISTRAR DECEASED NAME

COVPE CIR PRINTS

Male

Maryland

A FATHER'S NAME

John

EYES, NO DE UNKNOWNS

TO BIRTHPLACE (LITATE DA FOREKON

B. CITY OR TOWN OF DEATH

Italy

Me. WAS DECEASED EVER IN U.S. ARMED FORCES?

71s. ACCIDENT WAS UNDERLYING.

GLEN BURNIE

1. SEX

STATE OF MARYLAND

GIORDAN 5 DATE OF BIR

July

MARRIED

£136. YE

15: 8

PARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE	
CE	RTI	FICATE	OF	DEATH		- 3

O SR	JUNE	30,		1231 PM
2 1904	A AGE IN YEARS LAST BATHO		NTHS DATE	# UNDER 24 HPS HOURS WAS
NEVER MARRIED	* BALTIMORE CITY OR C			ΓΥ _{MD.}
HER INSTITUTION AL	17s. USUAL OCCUPATION 17195 OF WORLFOR WOLT OF W Self-Employ	ORKING LINE	IZE KIND O INDUSTRY Bake	F BUSINESS OR
NSDECITY LIMITS?	134 STREET ADDRESS / 2 126 Bar Har		oad 2	21122
ASSUNTA	WIDDLE		Pall	eschi
	Son) ADDRESS Giordano, C	3:	en Bu	Road rnie, Md
Cropi	live fea	up	tail	en

N/A 32.8558 No II. CAUSE OF DEATH (Enter only one couse per PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE TO DUE TO, OR AS A QUESTIONE Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TOLERATH BUT NOT CERTIFICATION 70h. IF YES, WERE FINDINGS USED 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 70s. AUTOPSY7 98 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH?

211 LOGATION

OR CONTRIBUTING CAUSE OF DEATH DEFENDER HOLDS WED CALERAMPICES 214 INJURY OCCURRED TIE PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE HARM, ETC. NOT WHILE 27e.1 certify that (I) (this baspital) attended the deceased from saw the deceased alive op above, (I) (we) (did) (did %

that in (my) (our) apinion death occurred on the date and hour and flom the causes stated

NO

21c HOW INJURY OCCURRED FUNDS WATURE OF HUDBY IN ITEM IS MART LOR PART 21

374 PHYSICIAN'S NAME ISSUEDIFFOR PER ANASTACIO

DIRECTOR | PHYSICIAN 206 CRAIN HIGHWAY, 72x ADDRESS

GLEN BURNIE, MARYLAND, 21061

734 LOCATION

23a BURIAL CREMATION, REMOVAL

77h SIGNATURE

73b DATE

216 TIME OF INJURY

HOUR A.M. MONTH DAY YEAR

ANIODOS

p

White

JA CITIZEN OF WHAT COUNTRY?

USA

11. NAME OF HOSPITAL NURSING HOME OR O

Pasadena

Giordano 16b SOCIAL SECURITY NO.

SAMUEL

4 PACE

DOUAL RESIDENCE IN MARSING HOME OR OTHER PRINTERION, ONE RESIDENCE REFORE ADMISSIONE THE COLINTY

NUCCE

LIFTED, GIVE WAR OR DIVIDED

A CO

> 73r NAME OF CEMETERY OR CREMATORY Cemetery Most Holv Redemmer

DEGREE

CITY ON TOWN Baltimore

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

FUNERAL old be deto

(VRA 15, 4)

Singleton Furneral Home

Glen Burnie, Maryland

ATTENDING

Transportation

Maryland 754 DATE REC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE

MASSING BERRY, L.N.

-093	16	1.	FOR STATE REGISTRAR				STATE OF M NT OF HEALTH CERTIFICATI	AND MENTAL H	YGIENE 8	Ö REG. NO.		5 3	3 0
y be y be death			OR PRINTS SHE	ve	G.	Go	moli	ak	20 DATE OF	DEATH MG	onth DAY	1 86	6 30 A
ge 4 mo ector, po in other c		1 5E			W HIT		DATE OF BIRTH	9 22	6 AGE INY	64		UNDER LYEAR	HOURS MIN.
The state of	35		RTHPLACE (STATE OR FOREIGN ARYLAND	N 7b (CITIZEN OF WHAT CO		MARRIED N	DIVORCED	Anr	re city or	COUNTYO		MD.
To the last	3	1	napolis	A	NAME OF HOSPITA	L, NURSING	HOME OR OTH	1605P.		THE CO			.S. NA
n 24 hou filled in pould be	33	130.	190	COUNTY		Y OR TOWN	0115 YES		271	SOPESS A	y coeh	POICE	Wa.
and 2 and 2	12		TEPHEN	P. MIDD	GOMOLJ	AK		HERESA	M.	MIDDLE	GAUG	LAST	
Popped of	/ Jane		VAS DECEASED EVER IN U.		FORCES? 166 SOC PROR DATES) 213	-14 -		ROL DIT	TMAN G	OMOLJ		AME A	S 13E
certificate ing physical than popen	W		18 CAUSE OF DEATH (End PART I. DEATH WAS C. IMMI	ter anly ar AUSED BY EDIATE C	AUSE (a)	efasi		Pancrea	tie C	ancer)		MONTHS
that the death by the otherd remove co	rather traumal		Conditions, if any, whice gave rise to immedia cause (a), stating the underlying cause los	te ne	DUE TO, OR AS A CO								
equires Then pla	injury. o	NON	PART 2 OTHER SIGNIFICA	ANT CON	iditions <u>contribu</u>	ITING TO DE	ATH BUT NOT R	ELATED TO THE TEL	RMINAL DISEASI	OR CONDIT	TION GIVEN	IN PART 110	
he low dr. has bee	9	TIFICAT	1% DATE OF OPERATION		196 CONDITION FO	SR WHICH O	PERATION WAS	PERFORMED	18s. AUTC			WEIE FINDIN NG CAUSES (
Sing physics certificate sundifficate	9	MEDICAL CER	71E. ACCIDENT WAS UNDERTON OR CONTRIBUTING ☐ CAUSE (P.EUNER HOLERS MODE ALEAS 214 INJURY OCCURRED	OF BEATH	21s TIME OF INJURY HOUR A.M. MO P.M. 21s PLACE OF INJUR	INTH DAY	YEAR 19	OW INJURY OCCU	RRED (UNITED NA	TURE OF PUBLIC P	N ITEM TR. FART	GEFAILT	
SPAG PH or offers After the	normed o	ME	AT WORLD OF AT WORLD		(AT HOME, STREET, FACTO	SRY, SOFFICE, SARP		STREET S	4	5/3/		86	11111
SE ATTEND hospital of MeECTOR	Mem 21 ts		27s. I certify though (this sow the place part all observed) were (side) of 27h SIGNAPORE	ve onlid not: «u	5/30/30	10 88	geografi	(m) (our l'opinio	o death occurre	d on the date	and hour a	nd from the c	
0 9 0 80				-10	11501	11	111	ATTENDING	MEDICAL	STAFF	_	5/2	1/4

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR ROBERT E. EVANS ANNAPORTS, MARYLAND (VRA 15, 4)

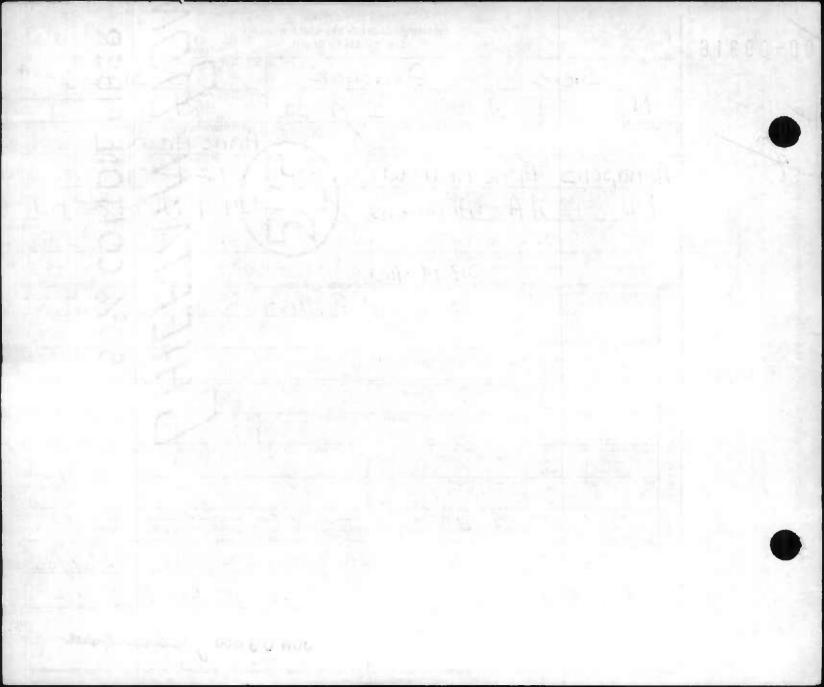
230 BURIAL, CREMATION, REMOVAL ENTOMBMENT

COLE 14

REMATORY 23d LOCATION RY DAVIDSONVILLE ANNEWNARUNDELE CO. 6-4-86 LAKEMONT CEMETERY

FRANKUN ST ANNAPOUS N.d.

22e ADDRESS



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 6 REG. N	10.	1	5	8	3,
ATE OF DEATH	MONTH	DAY	YE	AR	2b HO
777 978 7777			40	00	OF

Lulia Davidson Paroles

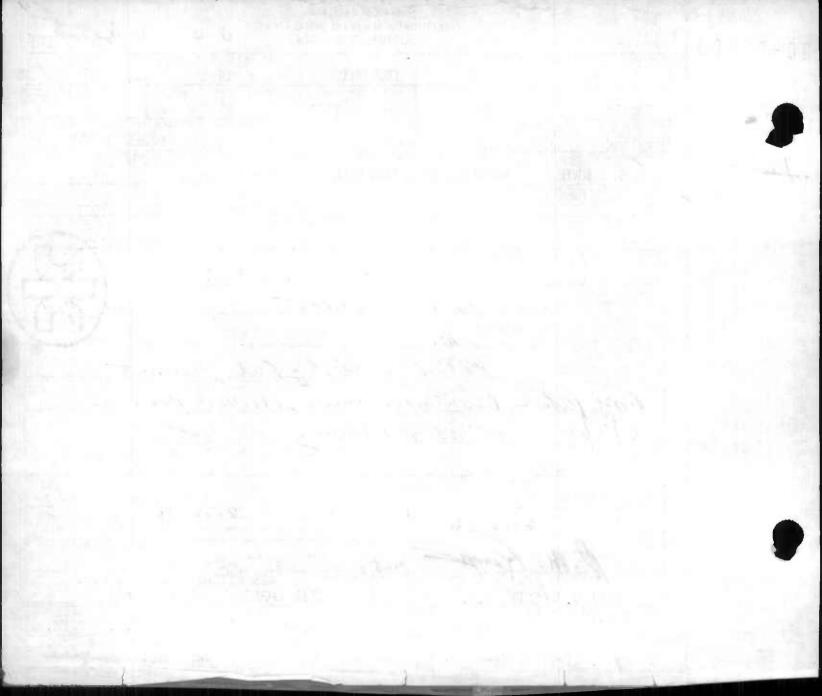
ı	1-	FOR STATE REGISTRAR	DEPART		TEALTH AND MENTAL HYG	IENE 8 6	1 5 8 3 _{ED7}			
I		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
ı	(ITPE	JOHN	A	GOWI	RAN	JUNE	7. 1986 950 R			
1	3. SE)		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
ı	,	male	white	20NT	8 13	73 YRS	The state of the s			
1		RTHPLACE (STATE OR FOREIGN COUNTRY) aryland	76. CITIZEN OF WHAT COUNTRY	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY ANNE ARUNI				
	10. CI	GLEN BURNIE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE NORTH ARUNDE	T ADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING SELT - EMPLOY	126. KIND OF BUSINESS OR INDUSTRY Produce			
-	13a. S	TATE 136. COUN	other institution, give residence before the state of the	RE ADMISSION) VN IA	13d. INSIDE CITY LIMITS? YES NO 🗗	520 Riverside	Drive 21122			
7	14. FA	THER'S NAME Thomas	MIDDLE GOWY	an	15. MOTHER'S MAIDEN NAM	WE	Homemon			
		AS DECEASED EVER IN U.S. AR			17 INFORMANT	ADDRESS				
1		No	213-14-5	548	Louise McC	Clain Same as	s 13e			
	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) ONDITIONS CONTRIBUTING TO	JENCE OF	Strown NOT RELATED TO THE TERM	Syndian Condition C	Q GIVEN IN PART 110			
	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	OPERATION WAS PERFORMED 200 AUTOPSY? YES NO YES NO					
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)			
	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
16			tol) oftended the deceosed from.	0	nd that in (my) (our) opinion of	death occurred on the date and h	hour and from the couses stated			
		THE PHYSICIAN'S NAME THEO		/	ATTENDING PHYSICIAN S	MEDICAL STAFF DIRECTOR PHYSICIAN	6/8/86			
		1000000	AWHNEY M D	(/4		NNAPOLIS BLVD			
	23a. E	urial, cremation, removal specify) Burial	11 101	NAME OF O	EMETERY OR CREMATORY Hill Cem.	23d LOCATION CITY OR TOWN Baltimore	A.A. Md			
		eorge J. Gonce	4001 Ritchers	Hgwy	Balto Md 250 DAT	N.10 1986 fulia	Sistrar's SIGNATURE			

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

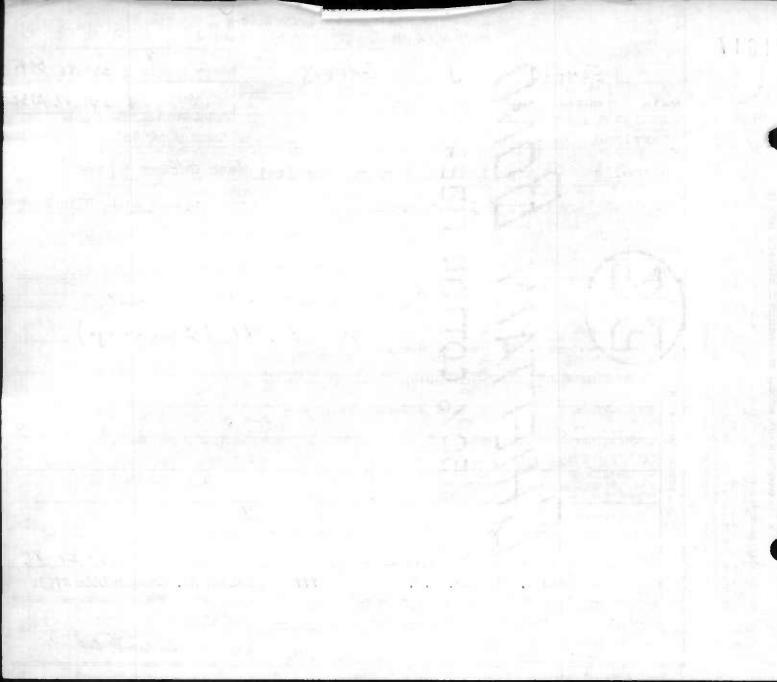
AND THE PARTY OF THE PARTY.

A Sent O Library Del out in page of the Library Library in agree of



		STATE OF MARYLAND		
	FOR - STATE	DEPARTMENT OF HEALTH AND MENTAL HY	GIENE Q 6	5 8 3 3
10-10618	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
0 10010	1. DECEASED NAME FIRST	MIDDLE	20. DATE OF DEATH MONTH D	DAY YEAR 2b. HOUR
may be page 3 er death	(TYPE OR PRINT)	Flourd Green	June 26	2,1986 7.1
pog er de	3. SEX 4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR IF UNDER 24 HRS
to the state of th	mala	TAD 10. 1925	61 YRS.	NONTHS DAYS HOURS MIN.
A Pog	70. BIRTHPLACE (STATE OF FOREIGN 76, CITIZEN	OF WHAT COUNTRY? 8	9. BALTIMORE CITY OR COUNTY	OF DEATH
4 22 1/0	North Nakata !	MARRIED NEVER MARRIED DIVORCED	Anne Ani	indel MD.
	0. CITY OR TOWN OF DEATH	OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
Sull Sull of	O IF NOT IN	SUCT CACILITY, GIVE STREET ADDRESS	(TYPE OF WORK FOR MOST OF WORKING LIFE	III) a selection
201091 3	SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITU	TION GIVE RESIDENCE BEFORE ADMISSION)	Otticer.	MUCH TIME
0 1 33 86	130. STATE	134. CITY OR TOWN 134. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE	0 21638
4 / 2 3 / 4	IND IO.H.	Grasoni, Ile YES NO X		When our
MARYL ed with ond 2	FATHER'S NAME	LAST FIRST	WIDDLE	LAST
MAR with the wind with the wind with the wind wind wind with the wind wind with the wind wind with the wind wind with the wind wind wind with the wind wind wind wind wind wind wind wind	Jay Guril	Green Luella	May	Grover
AORE, execution of the property of the propert	160 WAS DECEASED EVER IN U. 8 ARMED FORCE UKES NO OR UNKNOWN) (IF YES, GIVEN AMOR DATE	S? 166 SOCIAL SECURITY NO. 17. INFORMANT	ADDITION SO	me as
n and medi	Yes www	634.26-3199 Doris Le	abreen-	#13
he death certificate be executed with the attending physicion and camplete emave carbangopers. Pagal 1 and 2 mation, at remaval. In troumatic event, the medical exaction of the company	18. CAUSE OF DEATH (Enter only one couse	e per line far (o), (b) and (c).)	7161	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T., BAI	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a	3 num of 78 lo	7 Boly	
ON ST., th certif th certif carbon carbon carbon arem		O, OR AS A GONSEOUENCE OF	6.1 111.	
RESTON:	Canditions, if any, which	Mome & deale	elconolow	
the a	gove rise to immediate cause (a), stating the	D. OR AS A CONSEQUENCE OF		
by by oath	underlying cause tast.), 01/13/10/13/20/20/20/20/20/20/20/20/20/20/20/20/20/		
gned by pleas burial, ry, ar a	PART 2. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART I a
RDS, 2 equires n signe Then p to bui	NO N			700
bee prior	190 DATE OF OPERATION 196. CC	ONDITION FOR WHICH OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
hos hos			YES NOW YE	
VITAL N: The yysicio cate h ransit Hygiel	21a. ACCIDENT WAS UNDERLYING 21b. TIM	AE OF INJURY 21¢ HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART : OR PART 2)
A OF VITA SICIAN: TI ng physicin certificate orial-transit ental Hygi	OR CONTRIBUTION CAUSE OF DEATH	R A.M. MONTH DAY YEAR P.M. 19		
PHYSICIA ending pl this certif he burial-t ad Mental	Ů.	ACE OF INJURY 211 LOCATION		COUNTY STATE
VISION Thending the bush ond M	THE THE THE PERSON NAMED	AE, STREET, FACTORY, OFFICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
ATTENDING P aspatal or other sectors. After the derrors as the florrors as the florrors as the florrors as the florrors as the florrors as the florrors as the florrors as the florrors as the florrors as the	22a.) certify that (I) (this haspital) attende	ed the first 198	3 12 22 / was	19 60 that (II bertast
Programme of the control of the cont	saw the deceased give an	1 6 4 6 6 6	n death accurred an the date and hou	
OR ATTEN e hospital DIRECTOR: oched for us oched for us them 21 is	obeve, level and (did not) view the b			22c DATE SIGNED
ral OR A y the hos Ral DiREC detoched detoched vote Dept.	1- 11	ATTENDING ATTENDING	MEDICAL STAFF	-24-08
HOSPITAL Ined by th FUNERAL Uld be dete or the Store	22d PHYSICIAN'S NAME (THE OR PRINT)	PHYSICIAN TRE ADDRESS	DIRECTOR PHYSICIAN	10 1000
HOSPIT ined by FUNER ould be th the St	THE SHAPE (THE OWNER)	(A)	101-40	lac mil
TO HOSPITAL OF CEROINED by the Council of Co	I wan come	THIS TILL MEZ	L OLGE HULL	300117 11111
F - 6 7 3	23a. BURIAY, CREMATION, REMOVAL 23b. DATI	E 231. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY
BP	Cremation fun	e 23,4Kb Cedar Hill	Duitigna	P.G. MA
DHMH - 16 60M 7/B4	24 FUNERAL DIRECTOR	AP RESS	ATE REC'D. BY REGISTRAR 256, REGIST	RAR'S SIGNATURE
(VRA 15, 4)	Maylor Tuneral Ch	papel-Honapolis, MO	ON 2 0 1900 /	
	- 4			

The state of the s Secretary of the second of the - out from the state of the state of Long 2 consensed So To The State of State of the Control of the Cont The second secon all the property beautiful desperations and the



0	0.0710	1.	FOR STATE		DEPARTI	MENT OF HEALT	MARYLAND H AND MENTAL H	IYGIENE 🙊	6	1	5 8	
U -	08/46	1.05	REGISTRAR CEASED NAME FIRST		MIDDLE	LAST	TE OF DEATH		REG. NO.			
	ay be age 3 death		CEASED NAME FIRST		RN	HAMPTY	ON	Zo. DATE OF DE.		03,	1986	
	may er de	3. SE	X	4 RACE		5. DATE OF BIR	тн	6. AGE (IN YEARS	LAST BIRTHDAY)		NDER TYEAR IF U	
	4 96 A		emale	White	>	Manth	25 190	5 81	Ÿ	(RS	HS DATS HO	
	9 B 9		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIED [NEVER MARRIED	9 BALTIMORE				
	deot	-	Iowa	U.S.	A	WIDOWED	DIVORCED	AN AN			COUNTY	
0.1	et 4	10 C	GLEN BURNIE	(IF NOT IN SUC	HOSPITAL, NURSING THE ARUND!	ADDRESS) ADDRESS) ADDRESS)	TAL	12a USUAL OCC (TYPE OF WORK FOR House)	UPATION MOST OF WORK WIFE	ING LIFE) I	26 KIND OF BUINDUSTRY	
MARYLAND 2120	24 haves	USU 130. y	AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE	ADMISSION)	NSIDE CITY LIMITS	13° STREET ADD	RESS / ZIP		21076	
LAN	she she		ATHER'S NAME			YES	OTHER'S MAIDEN		Luge II	u.	210/0	
IARY	a see a see	1	Corneluis	MIDDLE .	Coote		FIRST		DDIE		LAST	
	- 0	160. V	VAS DECEASED EVER IN U.S. A		Scott 166 SOCIAL SECU		11a NFORMANT		ADDRESS	Ward	ien	
BALTIMORE,		Page Age		VE WAR OR DATES)	520-32-4			nker 6010	Rader,	Wyo	. 82604	
ALT	pers.		18 CAUSE OF DEATH (Enter o	nly one cause per			V V 418 1.1	MACT COTO	Hauer	VIII	APPROXIMATE BETWEEN ONSET	
ST., BAI	certificate ng physici banpaper r remaval ic event, th		PART I. DEATH WAS CAUS	ED BY: .TE CAUSE (a)	Sepsi	o for	- W.	77_				
N S		ofic eve		DUE TO, O	R AS A CONSEQUE	NCE OF						
PRESTON	death ottend ove cal itian, a		Conditions, if any, which	((b)	Corela	ivascul	car acco	7 Luf	No. of Concession, Name of Street, Name of Str			
	the of the cemple of the cempl		gave rise to immediate couse (a), stating the	DUE TO O	R AS A CONSEQUE		- 1					
201 W.	that d by ease ol, cr rr oth		underlying cause last	((c)	Hemon	apri	ENTERO	colifis			100	
	gnec gnec buri	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE TE	RMINAL DISEASE OF	CONDITION	GIVEN	N PART IIa	
ORD	requents	Į.	Acute veno	of fri	There !	MYCCA	idial.	refuset.		-		
DIVISION OF VITAL RECORDS.	law s be ermin s on	CERTIFICATION	150 DATE OF OPERATION	196/COND	ITION FOR WHICH	OPERATION WA	S PERFORMED	200 AUTOPSY			ERE FINDINGS G CAUSES OF E	
IAL	The icron strip said party show	RT	210. ACCIDENT WAS UNDERLYING	2 40 50 50		To		-		YES 🛮	N	
N Y	Z % 0 0 7 8 1	1	OR CONTRIBUTING CAUSE OF DE	216. TIME O HOUR A.	M. MONTH DA	AY YEAR	HOW INJURY OCC	URRED (ENTER NATURE	OF INJURY IN ITE	M 18 PART :	OR PART 2)	
0 Z	S E O Z O E	S	(IF EITHER NOTIFY MEDICAL EXAMINE			19						
Sio	thendi the burner this the burner ond N	MEDICAL	21d INJURY OCCURRED	21e. PLACE (AT HOME STE	OF INJURY REET, FACTORY, OFFICE, F		LOCATION STREET	CIT	TY OR TOWN		COUNTY	
2	NG vatter at the ast		AT WORK AT WORK			1		0/	4		~	
	N S S S S S S S S S S S S S S S S S S S		22a.l certify that (1) (this hasp	11-	e deceased Iram_	86 , and that		70 to 6	13	190	thot	
	ATTI aspirt d for t. af		saw the deceased alive at	of view file largy	ofter de			on death occurred on	the date and	d haur and		
	OR he he he boche DIRE		17h SIGNATURE	my	29	DEGR	EE ATTENDING	- MEDICAL	STAFF		TIX DATE SIGN	
	Al telet		/	1			PHYSICIAN	DIRECTOR	PHYSICIAN L			
	O HOSPIII		27d. PHYSICIAN'S NAME TYPE	CH PHINGS.	*	22e	ADDRESS	1412 CRAI		-		
	O HOSPIT ro Funer should be o with the Sta		YBONG H.					BURNIE, MI		51.		
		230 F	SURIAL CREMATION REMOVAL	23h DATE	23c N	JAME OF CEMET	ERY OR CREMATOR	y 71d LOCATIO	N			

GIVEN IN PART 11a YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES TE NO [18 PART : OR PART 2) STATE saw the deceased alive an 66_, and that in (my) (our) opinion death occurred on the date and haur and Iram the causes stated 17h SIGNATURE DEGREE ATTENDING DIRECTOR | PHYSICIAN | PHYSICIAN 22d. PHYSICIAN'S NAME 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial CITY OR TOWN STATE 6-7-86 Memorial Gardens Casper Natrona. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIC 24. FUNERAL DIRECTOR Marzullo Funeral Service JUN 6 Upperco, Md. 21155

26 HOUR

126 KIND OF BUSINESS OR INDUSTRY Domestic

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

MD.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

Sepsis for UT.2

Cereprovesular accordant

Hemorrapic Ederocolitis

Hente venul friling, Myounding effection

00-1095

STATE OF MARYLAND

Jr	ne	A	LII	1 /	411	עו	CT	¥E.	11	.,	41	п	
TI	FI	C	AT	E	0	F	D	E	AT	r	1		

3	4	1	200	33	
3	REG. NO.	i	~	0	

1	1 -	FOR STATE REGISTRAR			DEPART		ICATE OF D	MENTAL HYGI DEATH	8 6	O G. NO.	1 3	5 3	3 E	of
		EASED NAME	FIRST		MIDDLE	i	AST		20 DATE OF DEA	нгиом НТА	DAY	YEAR	2b. HOUR	
	17.11	OK / KU41/	HOMER		SPENCER	HARD	ESTY	SR	JUNI	E		1986	0723	210.0
	3. SEX		4	RACE		5. DATE C					MONTE	DER I YEAR	IF UNDER 24	HRS MIN.
	0	Male		Whit		MONTH 3	28	34	52		RS.			
6		CHPLACE (STATE	OR FOREIGN 7		WHAT COUNTRY?	8 MARRIE	D KNEVER /	MARRIED -	9 BALTIMORE C					
	_	firginia			S.A.	WIDOWE		VORCED		NE ARU				MD.
4	10 CI1	GLEN BU	Construction of the	NAME OF I	HOSPITAL, NURSIN HEACILITY, GIVE STREET TH ARUNDE			TITUTION	Self H		ing life) 17	NOUSTRY TUCK:	ing	SOR
	13a. S	L RESIDENCE (IFN TATE Lary Land	136 COUNT		GIVE RESIDENCE BEFORE 134. CITY OR TOWN Riviera	'N	13d. INSIDE C	ITY LIMITS?	13e STREET ADDI	RESS / ZIP C Sexton		re 21	122	
5	14. FA	THER'S NAME FIRST Homer		L.	Harde	sty		S MAIDEN NAM FIRST lary		DDLE		Rido	dle	
ï		AS DECEASED EV		ED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMA	TNI		ADDRESS				
	(Y	ES, NO OR UNKNOWN)	[IF YES, GIVE	WAR OR DATES)	215-30-	2928	Estel	le Hard	lesty Sa	ame as	13e			
		Conditions, if o gave rise to couse (a), sto underlying co	immediate oting the use lost.	(b)	R AS A CONSEOU R AS A CONSEOU	ENCE OF	ome					2	yn	
	NOI	PART 2 OTHER S	IGNIFICANT CO	onditions <u>co</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OF	CONDITION	1 GIVEN II	V PART 110		
1	CERTIFICATION	190 DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY	INC		RE FINDING CAUSES	OF DEATH	?
1		21a. ACCIDENT WAS OR CONTRIBUTING [LIFEITHER NOTIFY A	CAUSE OF DEAT	HOUR A.	M. MONTH D	AY YEAR	21c HOW IN	JURY OCCURR	ED (ENTERNATURE	OF INJURY IN ITE	M IS PART I	OR PART 2)		
	MEDICAL	21d. INJURY OCC	WHILE	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY OFFICE,	FARM, ETC.)	211 LOCATION STREET		CII	Y OR TOWN		COUNTY	STA	TE
		220-1 certify that saw the dece above (1) we 22b. SIGNATURE.	(1) (this haspite cosed alive on c) (did Ndid not)	///	after death.	86 6	DEGREE	ATTENDING _	death occurred on	STAFF _		22c. DATE:		e) lost
1		22d. PHYSICIAN'S	NAME (TYPE OR	PRINT)			22e ADDRES					IUE		
	19	WILI	TAW WAI	ERFIELI), M.D.		900 SOUTH CATON AVENUE BALTIMORE, MARYLAND 21229							
		URIAL, CREMATIC	N, REMOVAL	236. DATE 6/30/	236	_	emetery or	CREMATORY	23d. LOCATIO	N		UNTY A	STA	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

George J. Gonce 4001 Ritchie Hgwy Balto Md

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

JUN 30 1986



GLEV BURVIEW NORTH ARRENDED, MOSPITAL

MILLIAN WATTEGFLED, M.D.

EDITOR VOTES HTUDE DOD PALTIFORE, MARYLAND 21229 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, iff

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove corbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

STATE OF MARYLAND

8	6 REG. N	10.	1	5	8	3	4
TE OF E		AL CALTU	Day	VE	n I	EDT	-

1	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 6 REG. NO.	1583/
	PECEASED NAME FIRST NORMA	LUCILLE	HARTGE	JUNE 27	1000
3 5	EX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female	White	1 28 22	64 Y	RS. MONTHS DATS HOURS MIN.
70.	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	8	9 BALTIMORE CITY OR COL	
A N	(arvland	11 C	MARRIED NEVER MARRIED		COUNTY MD.
10.	LEN BURNIE	NORTH ARUNDEL	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Homemaker	12b. KIND OF BUSINESS OR
	UAL RESIDENCE (IF NURSING HOME O	PROTHER INSTITUTION, GIVE RESIDENCE BEFOR			COPE
7	Md. A.	Arundel Gambi			lis Road 21054
14.1	FATHER'S NAME		15 MOTHER'S MAIDEN		10 1000 2.2004
1/	FIRST	MIDDLE LAST	FIRST	WIDDIE	The Control
140	LOUIS WAS DECEASED EVER IN U.S. AI	A. Hartge	URITY NO. 17. INFORMANT	ADDRESS	Rogers
100		IVE WAR OR DATES) 216-14-			Locust Ave.
CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	alco	many my	20a AUTOPSY? 20b. I	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
E				YES NO	YES NO
	OR CONTRIBUTING TO CALLER OF DE	HOUR A.M. MONTH D	AY YEAR	URRED (ENTER NATURE OF INJURY IN ITE	N 18 PART OR PART 2}
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 216 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the decreased pive of	oital) attended the deceased from 19 19 of 19 wew the body after death.	ond that in (my lour) opini	on death occurred on the date and	hour and from the couses stated
	22b. SIGNATURE	Alm.		MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED/ 6/28/82
	JAMES J RENJ		653 OLD MIL	L ROAD MILLERSVI	22108 LLLE MARYLAND
23a	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	
	Removal	6-28-86		CITY OR TOWN	COUNTY
24	FLINEDAL DIDECTOR	0 20 00	1250	DATE REC'D BY REGISTRAPISS DE	CJCIDAD'S SIGNIATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

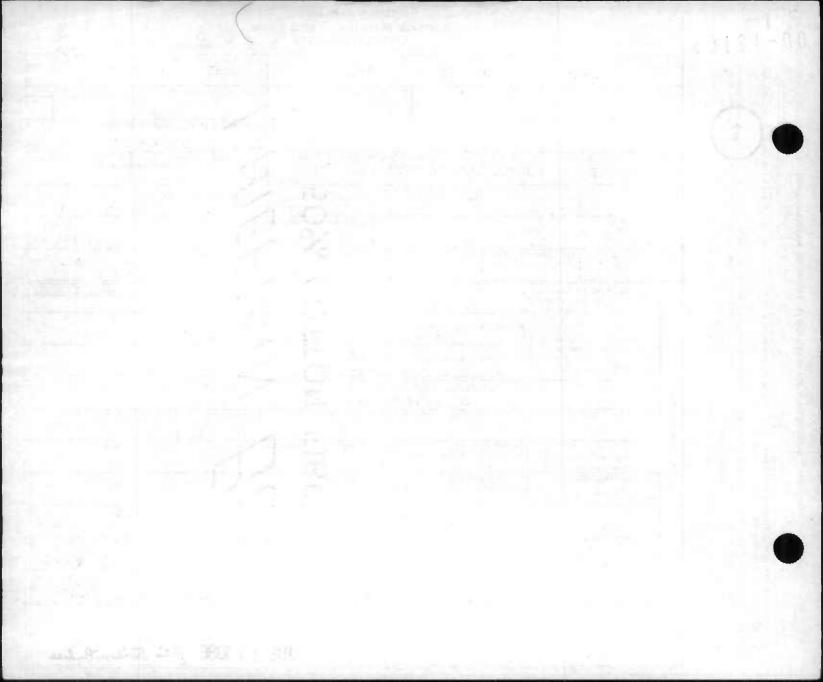
3

Anatomy Board

NAME

ADDRESS

Balto., Md JUL 1 1 1986 Julia Diridon Pendies.



	0
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	0
	- 0
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 learn after pleating and the first plant of a transfer or attending physician.	9
TO STINISED A TOPE TOPE After the conficuence has been about the effection about the conficuence and accompanies	7
should be detached for use of the burial-transit permit. Then please remove corbon popers. Poges a material be little armin 72 hours after death	8
with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.	0

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG.	NO.	5	8	Š	8
ATE OF	DEATH	HINOM	DAY	YEAR	2b HO	JR

ł	1	REGISTRAR			CERTII	ICATE OF DEATH	8 G.N	10.	0	S	O
Ì		CEASED NAME FIRST	^-	WIDDLE	1.1	LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOU	
L		Anna	Y)aprie	He	nrv		6 16	86	7 4	AM
Г	I. SEX		4 RACE		5 DATE	OF BIRTH/	6. AGE (IN YEARS LAST BIR	THOAY) IF UN	DER I YEAR	# UNDER	24 HRS MIN
L		Female	Whi	te	11		85	YRS.			Mina
P	CC	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY		DEATH		
L		Pennsylvania	US.		WIDOWI	100	Ann Arund	1. 1. T. Carrier			MD.
	Z	Annapolis	Bay Ma:	nor Nursi	ng Ho	or other institution	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOUSewife	ON OF WORKING LIFE)	26 KIND O NDUSTRY	F BUS INE	ESS OR
1	130 S	RESIDENCE (IF HURSING HOME OF TATE OU	OR OTHER INSTITUTION	GIVE RESIDENCE SEFORE 13c. CITY OR TOW Baltimo	N	13d, INSIDE CITY LIMITS?	3343 Beech	Avenue	212	11	13
1	4 FA	THER'S NAME FIRST LOUIS	WIDDLE	Burkhard	t	IS MOTHER'S MAIDEN NA FIRST Blanche	WE		Cos		
t	60 V	(AS DECEASED EVER IN U.S. AI	RMED FORCES?	never ha	RUTY NO.	17 INFORMANT	ADDR	ESS			
l	,,	No -		one	~	Betty Bischo	ff 1908 Rus	shley Rd.	21	234	
	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO		r as a conseque	NCE OF	Carelindere NOT RELATED TO THE TERM		e.di.J	N PART 10	31	
	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WE IN CERTIFYING	RE FINDING CAUSES	OF DEAT	H?
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.		YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	PRY IN ITEM 18, PART 1	OR PART 2)		
l	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F		21L LOCATION STREET	CITY OR TO	wn c	OUNTY	ST	ATE
		22a.1 certify that (1) (this hasp saw the deceased alive or above, (1) (we) (did) (did no				nd that in (my) (our) opinion	, toO death accurred on the d	late and hour onc		that (I) (v	,
		226. SIGNATURE	iae Mi	1	M		MEDICAL STA		22c DATE	SIGNED	8
		22d PHYSICIAN'S NAME (TYPE OF	PRINT) PIAC-	M.D		14 WRLLH	AM NE (A	(w) (,L)	400	106	1

BP

DHMH - 16 50M 7/77 (VR A 15 (4))

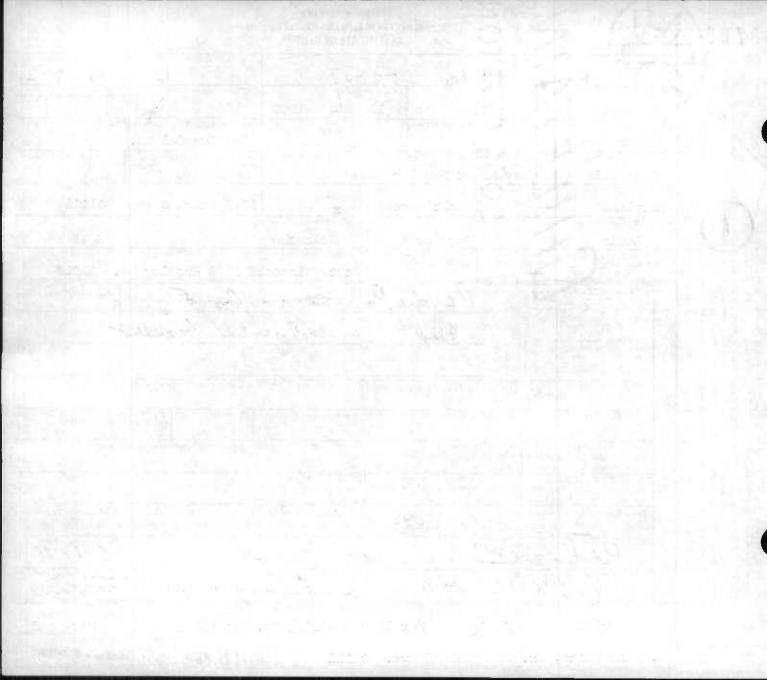
jury, or other troumotic event, th

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

(SPECIFY) Burial 6/19/86 Moreland Memorial

Baltimore

A. Alan Seitz, Jr. 3818 Roland Ave. 21211 1 Pk. Baltimore Maryland
1350. Date REC'D. BY REGISTRAR 1356. REGISTRAR'S SIGNATURE John Bridger However



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

retained by the hospital or attending physician.

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and complete should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 ordox with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

9

Jeoth. Poge 4

page 3

STATE OF MARYLAND

3	6 REG. N	10.	į	5	8	3	0
r or	DEATH	44 Oh1714	DAY	-	EAD	a) 110110	

1-	STATE REGISTRAR				CERTIFIC	CATE OF DEATH		Ø REG. N	^	, 2 0 0
	CEASED NAME	INIA	A LEE	Hei	N R U	st	20.		MONTH 6	DAY YEAR 26 HOUR 32-0
3. SE	x - (ALE		ASIAN	DATE OF			AGE (IN YEARS LAST BIR	THDAY)	IF UNDER LYEAR IF UNDER 24
GÉ	IRTHPLACE (STATE OR FO		U.S.A.	l w	VIDOWED			ANNE ARU	_	L COUNTY
AN	INAPOLIS	ANNE	ARUNDEL	GENER	KEASL I	ROTHER INSTITUTION HOSPITAL	12a	HOMEMAKE	ON F WORKING	G LIFE) 17b. KIND OF BUSINES:
MA		INE AR	ER INSTITUTION, GIVE RES	DGEWAT	ER	134 INSIDE CITY LIMIT		PTEET 3 DPRESSO	K'RG	PED RD. 2103
	INKNOWN	MIDDL	Į.E	EAST.		UNKNOWN	NAME	WIDDLE		LAST
16a. V	WAS DECEASED EVER I	N U.S. ARMED (# YES. GIVE WAR	FORCES? 166. SO	OCIAL SECURIT	YNO.	GRADY R.	HEN	RY SAME	AS	13E
	PART I. DEATH WA	AS CAUSED BY IMMEDIATE CA		eptic	<	Shock				
		which ediate		CONSEQUENC	CE OF	Shock				
NO	Canditions, if any, gave rise to imm cause (a), stating underlying cause	which ediate ; the last.	DUE TO, OR AS A (b) DUE TO, OR AS A	CONSEQUENC	CE OF	Shock NOT RELATED TO THE T	TERMINA	L DISEASE OR CON	DITION	GIVEN IN PART 11g
TIFICATION	Canditions, if any, gave rise to imm cause (a), stating underlying cause	which ediate of the last.	DUE TO, OR AS A (b) DUE TO, OR AS A (c) DITIONS CONTRIB	CONSEQUENCE	CE OF	NOT RELATED TO THE I	1	L DISEASE OR CON 200 AUTOPSY? YES NO	20b. IF Y	GIVEN IN PART I I o YES, WERE FINDINGS USED ITIFYING CAUSES OF DEATH YES NO
CAL CERTIFICATION	Canditions, if any, gave rise to imm cause (a), staling underlying cause	which ediate of the lost. IFICANT CONE IFICANT CONE AUSE OF DEATH	DUE TO, OR AS A (b) DUE TO, OR AS A (c) DITIONS CONTRIB	CONSEQUENCE CONSEQUENCE BUTING TO DEA	CE OF ATH BUT N PERATION			20a AUTOPSY?	20b. IF IN CER	YES, WERE FINDINGS USED IT IFYING CAUSES OF DEATH YES NO
MEDICAL CERTIFICATION	Canditions, if any, gave rise to imm cause (a), stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT	which edicte 1 the control of the co	DUE TO, OR AS A (b) DUE TO, OR AS A (c) DITIONS CONTRIB 19b. CONDITION F 21b. TIME OF INJUITHOUR A.M. M	CONSEQUENCE CONSEQUENCE BUTING TO DEA FOR WHICH OP	CE OF CE OF ATH BUT N PERATION YEAR 19	I WAS PERFORMED		20a AUTOPSY?	20b. IF Y IN CER	YES, WERE FINDINGS USED IT IFYING CAUSES OF DEATH YES NO
	Canditions, if any, gave rise to imm cause (a), stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERATI 21a. ACCIDENT WAS UNDER OR CONTRIBUTING C. (IF EITHER, NOTIFY MEDIC 71d. INJURY OCCURRI WHILE NOTIFY MEDIC WHILE NOTIFY MEDIC 220.1 certify that (1) (1) saw the decease.	which ediate in the lost. IFICANT CONE IFI	DUE TO, OR AS A (b) DUE TO, OR AS A (c) DITIONS CONTRIB 19b. CONDITION F 21b. TIME OF INJU HOUR A.M. M P.M. 21e. PLACE OF INJ (AT HOME, STREET, FAC	CONSEQUENCE CONSEQUENCE SUTING TO DEA FOR WHICH OP IRY AONTH DAY URY TORY, OFFICE, FARM osed from	CE OF CE OF PERATION YEAR 19	21c HOW INJURY OC 21L LOCATION STREET	CURRED	200 AUTOPSY? YES NO CITY OR TO to hoccurred on the do	20b. IF IN CER IN CER IN ITEM II	YES, WERE FINDINGS USED IT IFYING CAUSES OF DEATH YES NO 10 18 PART 1 OR PART 2)

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR
NAME
ROBERT

EVANS

ANNAPOLIS, MARYLAND

256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
JUN 13. 1986. Julia Davidan Randar Julia Vavidour-Randelle

A 4



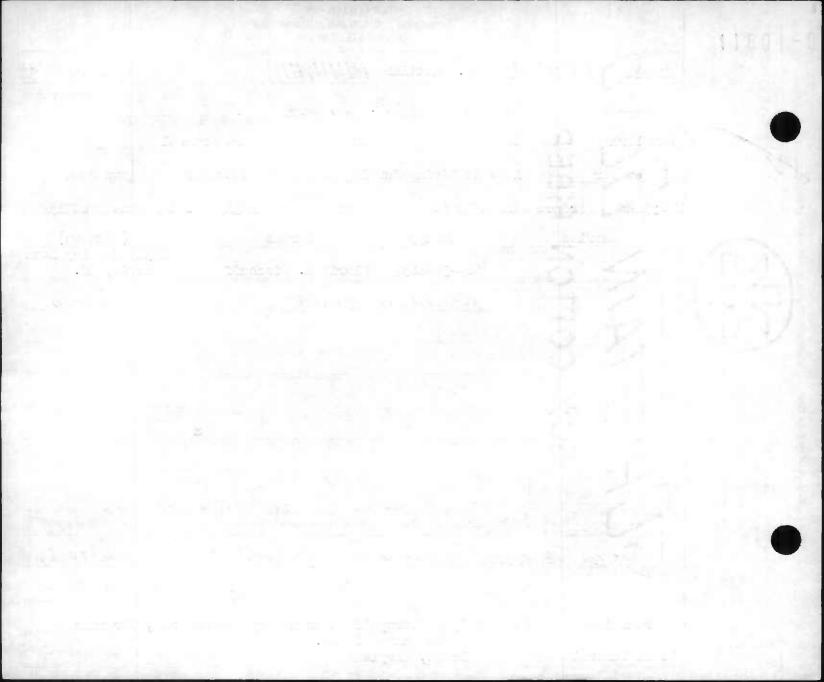
STATE OF MARYLAND

	1	FOR		DEPARTMI	ENT OF F	REALTH AND MENTAL HYG	IENE		(539)	1 1 15
		REGISTRAR			CERTIF	ICATE OF DEATH	8 RED N	0.	5	5 4 U
	1. DEC	CEASED NAME FIRST		MODIE		MAST MAILLINE I	20. DATE OF DEATH	MONTH D		26 HOUR
		innie HEMI	1414	L. Hett	Ler	MINWHATI		6-1	9-86	912 TM
	3. SE)		4 RACE		5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIR	THOAY)	ONTHS DAYS	IF UNDER 74 HRS
-	I	Pemale	Caucasi	an	Feb		92	YRS		Tooks Mile.
4		RTHPLACE STATE OR FOREIGN	16. CITIZEN OF V	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
-		ew York	USA		WIDOW		Anne Arun	del		MD
7	0 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
1	E	ldgewater	All and a second	nt Living		sing Home	Homemaker	Y WORKING (IFE)	own h	ome
ř	USUA	AL RESIDENCE LIF NURSING HOME OR		GIVE RESIDENCE BEFORE A		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7ID CODE		
7	DOM: N	1.1	George		,	YES NO	12315 Mad		ane	20715
Ī	-	THER'S NAME				15 MOTHER'S MAIDEN NAM	ΛE	24 2 Y	arre-	
/		Charles	AIDDLE	Knaupp)	Bertha	MIDDLE		(unkn	own)
		VAS DECEASED EVER IN U.S. ARA		166 SOCIAL SECUR		17 INFORMANT		ss 1231		ley Lane
1	10	(IF YES, GIVE	WAR OR DATES)	089-30-68	337	Gloria H. Bis			wie, M	
		18 CAUSE OF DEATH (Enter onl	v Dne couse per							IMATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSED	BY.	RESPIRA		ARREST				MED.
	7.4	IMMEDIAN	E CAUSE (a)		y	7,00,00				
		Conditions, if any, which	(R AS A CONSEQUEN	1CE OF					
		gave rise to immediate	(b)							
		cause (a), stating the underlying cause last.	DUE TO, OF	R AS A CONSEQUEN	1CE OF				1 -3	
		PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	NITRIBUTING TO DE	EATH RUT	NOT PELATED TO THE TERM	INIAI DISEASE OR CON	DITION CIVE	NUMBER OF THE	
	Z	TAME OF THE COLOR OF THE CALLED	ONDINONS <u>CO</u>	TVIKIBOTIVO TO DE	EATH DO	THO RECALLS TO THE TERM	INAC DISEASE ON COIN	JIIION GIVE	IN HAT PART TO	
7	CERTIFICATION	190 DATE OF OPERATION	19h CONDI	TION FOR WHICH C	PERATIC	N WAS PERFORMED	20g AUTOPSY?		WERE FINDIN	
	IFIC						YES NO IN	IN CERTIFY YES	ING CAUSES	OF DEATH?
-		210. ACCIDENT WAS UNDERLYING	21b. TIME OF	F INJURY		21c HOW INJURY OCCURR				110
,	_	OR CONTRIBUTING CAUSE OF DEA		M. MONTH DAY		1,13				
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED	21e PLACE C		19	21f LOCATION				
	WE	WHILE NOT WHILE	(AT HOME STRI	EET FACTORY OFFICE, FAR	RM. ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
		220 I certify that (I) (this hospit	al) attended the	deceased from	NOV	26 10 84	10 JUN	19	086	that (1) (we) last
		saw the deceased alive on	Jun	10 10 8	6 .0	nd that in (my) (aur) apinian d	leath accurred on the de	ate and hour		
	-	abave, (1) (we) (did) (did not	view the body	ofter death.		DEGREE			22c. DATE	SIGNED
		Orlin Or	din	7	mo		MEDICAL STAI	F		20-86
	31	22d PHYSICIAN'S NAME TYPE OF	PRINTI	,	- 170	22e. ADDRESS	T DIRECTOR PHYSIC	IAN		00
			ACKSO	(1)			T DE Au	100.00/1	8 md	21401
_	22- 2	L			AAAF 05 -			viegore	1, 10.0	/
		SURIAL, CREMATION, REMOVAL	23b DATE			EMETERY OR CREMATORY	236. LOCATION		COUNTY	STATE
	24 FI	Cremation	June 2			olitan Cremato	REC'D. BY REGISTRAR			
		NAME		ADDRESS	-	OTTO TICE	N 3 O 100C			
	Be	eall Funeral Hom	ie	Bowie,	Mary	land	11 00 1300	1 will the	mason-h	hiladas

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carbonpoper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 states are injury, or other traumatic events.

TTENDING PHYSICIAN: The law pital or attending physician.



MPORTANT - If them 21 is morked or Item 18 shows ony injury, or other troumotic event, the medico

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	6 REG. NO.	Į	5	8	4
---	---------------	---	---	---	---

REGISTRAR						A DATE OF BEATH	MONTH	DAY	YEAR	25 HOUR
DECEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	4		- 4	
TYPE OR PRINT}	Hele	a	Leona		Hickman		6	18	86	5:30AM
SEX		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST I	HRIHDAY]		ER I YEAR	IF UNDER 24 HR
Female		White		12	1 26 YEAR	59	YRS	MONTH	DAYS	ROURS MIN
BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D KKNEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF D	EATH	
Pennsylvania U.S.A.			WIDOWE		Anne Arundel County			y A		
CITY OR TOWN OF	DEATH				OR OTHER INSTITUTION	12a USUAL OCCUPA				F BUSINESS C
Baltimore		4505 I	Ritchie H	ighwa	y (Home)	Press Ope:			an C	ompany
Maryland	13b COUN		Baltimor	/N	134 INSIDE CITY LIMITS?	4505 Rit			way	21225
FATHER'S NAME LEON		MIDDLE	Rzeczkows	ki	15 MOTHER'S MAIDEN NA.	ME MIDDLE		McK	itr'i	ck
WAS DECEASED EV		MED FORCES?	166 SOCIAL SECU 206-14-8		Charles T. H		ress Sam	e as	13e	الماليان
- 0	IMMEDIA	E CAUSE (o)	1, 1	12	11					
Conditions, if o gove rise to couse (o), ste underlying cou	ny, which immediate oring the use lost.	(b) DUE TO, OI	R AS A CONSEQUE	ENCE OF	Aspiration of Pelant Not related to the term	ly SEP	PEPF:	GIVEN IN	PARI In	0
Conditions, if o gove rise to couse (o), ste underlying cou	ny, which immediate oring the use lost.	DUE TO, OI (b) DUE TO, OI (c) CONDITIONS CO	R AS A CONSEQUE	ENCE OF	ASPITULA UNA GENERAL NOT RELATED TO THE TERM ON WAS PERFORMED	200 AUTOPSY?	20b. IF '	YES, WEF	RE FINDIN	NGS USED OF DEATH?
Conditions, if o gove rise to couse (o), ste underlying coil PART 2. OTHER SI	IMMEDIA' any, which immediate bring the use lost. IGNIFICANT (RATION UNDERLYING [CAUSE OF DE.	DUE TO, OI (b) DUE TO, OI (c) CONDITIONS CO 196 CONDI 196 CONDI HOUR A.	R AS A CONSEQUE ONTRIBUTING TO D ITION FOR WHICH FINJURY M. MONTH DA	DEATH BUT		20a AUTOPSY?	20b. IF	YES, WER	RE FINDIN CAUSES	NGS USED
Conditions, if o gove rise to couse (o1, stounderlying coil) PART 2. OTHER SI 19a DATE OF OPEI 21a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY M) 21d. INJURY OCCI	IMMEDIA' iny, which immediate along the use lost. IGNIFICANT (UNDERLYING CAUSE OF DE. REDICAL EXAMINER	DUE TO, OI (b) DUE TO, OI (c) 196 CONDITIONS CC 196 CONDITIONS CONDITION	R AS A CONSEQUE ONTRIBUTING TO D ITION FOR WHICH OF INJURY M. MONTH D M.	DEATH BUT OPERATIO AY YEAR 19	ON WAS PERFORMED	20a AUTOPSY?	20b. IF IN CER	YES, WER TIFYING YES []	RE FINDIN CAUSES	NGS USED OF DEATH?
Conditions, if or gover rise to a couse (o), storm of the couse (o), storm of	IMMEDIA' Inny, which immediate thing the use lost. IGNIFICANT (UNDERLYING CAUSE OF DE. LEDICAL EXAMINED UNRED UNRED UNRED (1) (this hosp- assed olive age	DUE TO, OI (b) DUE TO, OI (c) 196 CONDITIONS CO 196 CONDITIONS CO 196 CONDITIONS CO 196 CONDITIONS CO 197 CONDITIONS CO 198 CONDITIONS CO	DITRIBUTING TO DITTION FOR WHICH OF INJURY M. MONTH DI M. OF INJURY REET, FACTORY OFFICE, F	ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	211 LOCATION SIREET , 19 nd that in (my) (our) opinion	20a AUTOPSY? YES NO RED (ENTER NATURE OF IN	20b. IF IN CER	YES, WERE THEYING YES [] (C)	REFINDING CAUSES RPART 2) OUNTY	NGS USED OF DEATH? NO STATE that (I) (we) liccouses stated
Conditions, if o gove rise to couse (o), stounderlying coi PART 2. OTHER S. 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING [IF EITHER, NOTIFY MILE ALONG ALON	IMMEDIA' Inny, which immediate thing the use lost. IGNIFICANT (UNDERLYING CAUSE OF DE. LEDICAL EXAMINED UNRED UNRED UNRED (1) (this hosp- assed olive age	DUE TO, OI (b) DUE TO, OI (c) CONDITIONS CO 196 CONDITIONS CO 196 CONDITIONS CO 196 CONDITIONS CO 197 CONDITIONS CO 198 CONDITIONS CO 198 CONDITIONS CO 198 CONDITIONS CO 198 CONDITIONS CO 199 CONDITIONS CO 19	DITRIBUTING TO DITTION FOR WHICH OF INJURY M. MONTH DI M. OF INJURY REET, FACTORY OFFICE, F	ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM. ETC.)	211 LOCATION STREET , 19 nd that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO CITY OF IN CI	20b. IF IN CER I	YES, WERE THEYING YES [] (C)	RE FINDIN CAUSES R PART 2) OUNTY	NGS USED OF DEATH? NO STATE that (I) (we) liccouses stated
Conditions, if o gove rise to couse (o), sto underlying coi PART 2. OTHER S. 19a DATE OF OPEI 21a. ACCIDENT WAS OR CONTRIBUTING [IF EITHER, NOTIFY M 21d INJURY OCCI WHILE AUTOR INTO INTO INTO INTO INTO INTO INTO INTO	IMMEDIA' Iny, which immediate ting the use lost. IGNIFICANT (UNDERLYING CAUSE OF DE. REDICAL EXAMINED UNRED (1) (this hosp assed always (1) (tdiff did no	DUE TO, OI (b) DUE TO, OI (c) 19b. CONDITIONS CO 19b. CONDITIONS CO AITH P. 21b. TIME O HOUR A. 1) 21c. PLACE (AI HOME STR tol) attended th	DITRIBUTING TO DITTION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY OFFICE, F ofter deoth.	ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM. ETC.)	211 LOCATION STREET , 19 nd that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO CITY OR CITY OR deoth occurred on the DIRECTOR PHYS	20b. IF IN CER	YES, WERTHYING YES THEYING YES TO THEY IN THE PART TO	RE FINDING CAUSES R PART 2) OUNTY from the	NGS USED OF DEATH? NO STATE that (II (we) lice courses stated SIGNED

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

Meadowriage Mem Park

4001 RitchivessHgwy Balto Md George Gonce

230, DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

1 0.1 P				
				Alpevirons
ye in as 1760 Ly feet.	[estion]			goodsta
Storymoth shoth or			2 = 4	i i de che che a
del willow		ana ioria		
Late M. H. Branch, M. H. Berley, M. H. Berle				
10 2 N		To dilege		
42444 92	en yang ciri			
2,404 3,31 /132	See Carr			
			18/11/4	
STATE OF THE STATE OF		Sec. 1	SE SECULO	2.02
SECTION, Memoriales deres				. 1 6:1911
			157 Ide	spirit a a string

2	1	STATE REGISTRAR	DEPARI	CERTIFICATE OF DEATH	GIENE 8 6	15	8 4 2 ED1
		CEASED NAME FIRST	WIDDLE	LAST		MONTH DAY YEAR	26 HOUR P
		SARAH	0.	HICKMAN		1986	2:40 M
	3. SE	emale	(3) (CASION	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	MONTHS DAYS	R IF UNDER 24 HRS
D	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	8	9 BALTIMORE CITY O	PR COUNTY OF DEATH	
0		Virginia	U.S.H	MARRIED NEVER MARRIED WIDOWED DIVORCED	CHARLES CONTRACT	NDEL COUNTY	MD
54	10.0	GLEN BURNIE	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION T ADDRESS) NDEL HOSPITAL	120 USUAL OCCUPATION OF MOST OF WORK FOR MOST OF	F WORKING LIFE) INDUSTRY	OF BUSINESS OR
1	USU 13a		R OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)	13e STREET ADDRESS	ZIP CODE	2105
3	11	H MALLIAN	Hrun GAM	TIS YES NO D	2501 FI	OWERING	Tree L
120	14. E.	Charles	MIDDIEF. SchAf	ER IS. MOTHER'S MAIDEN N	AWE MIDDLE	MILI	AST 5
medical			MED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 57707	URITY NO. 17 INFORMANT	RICK His	c KMAN /	SAME
int, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), or		Derest		XIMATE INTERVAL NONSET AND DEATH
tic eve			TE CAUSE 10)	in experiences is	neest		
amno		Conditions, if ony, which	DUE TO, OR AS A CONSEQU	illitera eva	7,		0.00
other tr		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	er hernseler.	in		
njury, or	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH OUT NOT RELATED TO THE TER	MINACOISEASE OR CONI	DITION GIVEN IN PART 1	to
40	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
5 T	CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216 TIME OF INJURY	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART OR PART ?)	
14	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19			
p /	WED	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY	FARM, ETC.) 21f LOCATION STREET	CITY OR TO	wn county	STATE
mark		AT WORK AT WORK	ital) attended the deceased from	3/1 10 00	5 10 10/1	1086	that it (well ast
E P		saw the deceased alive or	1.11	ond that in (my) (our) opinion	n death occurred on the do	ate and have and from the	e causes stated
į	199	22k SIGNATURE	ar view, ince obay orier acom.	DEGREE	- MEDICAL STAT	. /	2 SIGNED
ž-		22d PHYSICIAN'S NAME (TYPE O	gar	40 4000000	MEDICAL STAF		186
1 SE			BENJAMIN, M.D.		OLD MILL ROA		
1	23a.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	ERSVILLE, MA	RYLAND 2110	8
_	1	Burial	6-9-86 1	-OVETTSVILLE L	Enion Cem	COUNTY	STATE
M 7/B4	T	NERAL DIRECTOR	THE SO LOORES	RITCHIEFICIA	TE REC'D BY REGISTRAR	256 REGISTRAR'S SIGNA	TURE
-1	-4-		ACASI	NU LKUNDAI	750 0		The same of the sa

STATE OF MARYLAND

0-10338	FOR 1 - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6	15843
oy be decih	1. DECEASED NAME FIRST (TYPE OR PRINT) Frede:	rick Ewing	Hicks, Jr.	20. DATE OF DEATH MONTH June	19, 1986 AA
may pog	3. SEX Male	4 RACE White	S DATE OF BIRTH MONTH GAY YEAR March 21, 1910	6 AGE (IN YEARS LAST BIRTHDAY) 76 YR	IF UNDER LYEAR IF UNDER 24 HRS
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Tennessee	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED WIDOWED DIVORCED	Anne Arundel	NTY OF DEATH MD.
15.54	Glen Burnie	North Arundel	Hospial	17d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN COnst. Eng. & E	
1 1 30	Maryland 13b COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR INTY A CO. Glen Bu	rnie YES NO 🛚	13e STREET ADDRESS / ZIP CO 7643 Hennesey	
1020	14 FATHER'S NAME FREST Frederick	E. Hicks,		MIDCLE	Shiply
o and c	160 WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (1F YES C	RMED FORCES? 166 SOCIAL SECULIVE WAR OR DATES) 411.44.8	/** 1		as 13
that the death certifical by the attending phy cose remove contact policy. Committee or center to committee events	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQU	Journ Bran	Szvelse	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH S JR CONTA
to be against the p	PART 2. OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	20g AUTOPSY? 20b. IF	GIVEN IN PART 110 YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
109	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D USE TIMER NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH D	AY YEAR	YES NO NO RED (ENTER NATURE OF INJURY IN ITEM	YES NO 18 PART 1 OR PART 2)
NG PHYS) We this or or the but it and Mer urked or th	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, I	211 LOCATION	CITY OR TOWN	COUNTY STATE
ATTENDA Colprisit or CCTOR: a cd for use in, of Heal	saw the deceased alive	pital) attended the deceased from 19 ew the bady after death.		death accurred on the date and	
PITAL OF By ERAL DIES	22d PHYSICIAN'S NAME (TYPE	Q2,80 N/3	DEGREE ATTENDING PHYSICIAN 770 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	27 DATE SIGNED
HOSPITA Sined by FUNERA ould be d th the Sto	Dr. Michael H			urt Road, Suite	Maryland 2113 204, Randlestown,

DHMH - 16 60M 7/84

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 236 DATE Burial

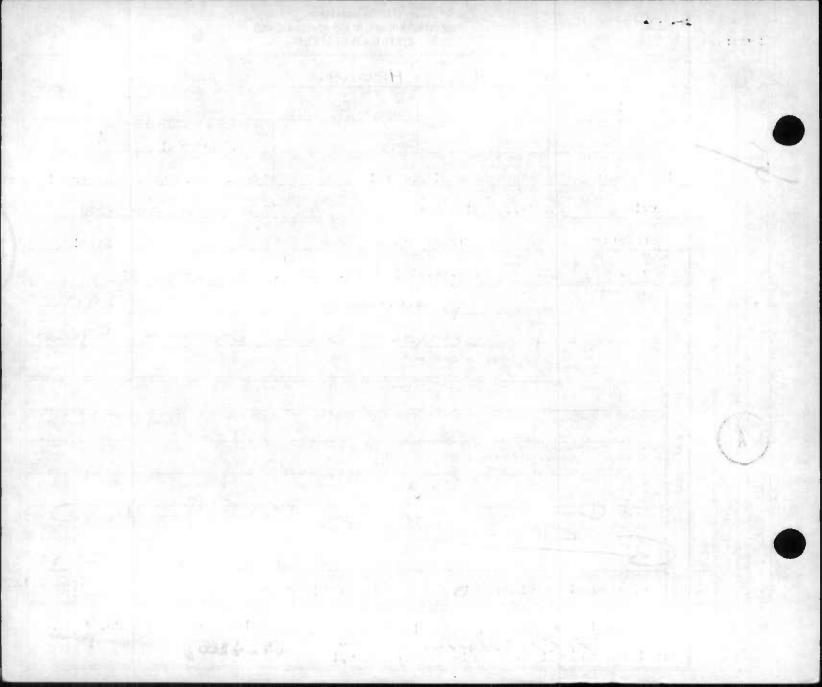
Signieton funeral Home

24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY June 24, 1985 Glen Haven Mem.

Md.

73d LOCATION
CITY OR TOWN
Glen Burnie A A Co. Glen Burnie, maryland



7				STATE	OF MARYLAND					
	1 -	FOR STATE	DE	PARTMENT OF HE			8 6	-	5 8	4 4
] - 0 9 4		REGISTRAR		CERTIFIC	CATE OF DEAT	Н	REG, NO.			4
		EASED NAME FIRST	MIDDLE	LAS		2a. DA	TE OF DEATH MON	TH DAY	- 1	26 HOUR
nay be page 3	(ITPE	HENRIETTA	A	HI	4		6	8	86	150M
a d d	3. SE)		-	5 DATE OF			(IN YEARS LAST BIRTHDA	Y) IF (INDER I YEAR	IF UNDER 24 HRS
ctor s aft		F	BIAD:	* MONTH		6	79	YRS	IHS: DATS	HOURS MIN.
A 1101	Ta. BI	THPLACE (STATE OR EOREIGH 76. CITIZEN	OF WHAT COU	NTRY? 8.		- 9 BAL	TIMORE CITY OR C		DEATH	1000
1 B 20		OUNTR	5	WIDOWED	NEVER MARRI		ANDO)			MD
-	10 CI			VURSING HOME OF		ON 12a US	SUAL OCCUPATION			BUSINESS OR
1 1 1	AN.		APUNA	ELO-EN	HOSE		ETIRED	ORKING LIFE)	INDUSTRY	
		L RESIDENCE (IF N F OR OTHER INSTITUT								216 1
ND 24 h	130. 5	MAA. COUNTY	Cho	0 - 10	YES NO	MITS? 13e STI	REET ADDRESS / ZI	P CODE	8 hooks	MA
YLAN thin State fi	14. FA	THER'S NAME	CIL	41.0	5. MOTHER'S MAIL	DENNAME	1, cast d	00	150/6/	7 777
A S S S S S S S S S S S S S S S S S S S	/ 3	MIDDLE	Land to march	ST	FIRST	10 20 11 10	MIDD	M. So be	LAST	
SE, M.	16a-V	AS DECEASED EVER IN U.S. ARMED FORCES	2 IIIh SOCIA	L SECURITY NO.	17 INFORMANT	A ICG I	ADDRESS	AL	340K	
5 3 3 5 5 5 T		ES, NO OR LINKING VIEW (IF YES, GIVE WAR OR DATES		12550	Coolong	YV.LL	Dento		Mist	
ALTIMO		199	77 37	30000	PEOKLE	- 111111	C VIX 2	246 1	APPROXIA	MATE INTERVAL DINSET AND DEATH
		18 CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY:	per line for to),	(b), and (c).)	0	Port	20/	-91	BETWEENO	NSET AND DEATH
ST ert		IMMEDIATE CAUSE (a)	(ATL	VIEW COMPLET	OF	Colonic	110		100	7/13.
death ce tarbing and carb and carb and carb artion, or retraumotic		DUE TO	OR AS A CON	ISEQUENCE OF						
dec anon		Conditions, if any, which (b)								
# # # P P P P			OR AS A CON	ISEQUENCE OF						
d b d b		(c)								
0 5 2 3 3	z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTION	NG TO DEATH BUT N	RELATED TO THE	HE PERMINAL D	SEASE OR CONDITI	ON GIVEN	IN PART 110	- 210
ORD requ	0E	MEINSIMILO UN	KKICK	THE OF A	0116:1	MIEM!	AUTOPSY? 20	IL IE VES IA	VERE FINDING	0/3
0 3 9 6 6 6	CERTIFICATION	190. DATE OF OPERATION 196 CO	NUTION FOR V	WHICH OPERATION	WAS PERFORMED		11	CERTIFYIN	NG CAUSES	OF DEATH?
VITAL RE IN: The lo hysicion. reate hos ransit per Hygiene p Hygiene p	RTI		C C I I I I I I I I I		** HOW ** HIST	YES		YES [NO [
V OF VIII		210. ACCIDENT WAS UNDERLYING 21b. TIM OR CONTRIBUTING CAUSE OF DEATH	E OF INJURY A.M. MONT	TH DAY YEAR	ZIC HOW INJURY	OCCURRED (E	NTER NATURE OF INJURY IN	ITEM 18 PART	OR PART 2)	
ON OF V	CAI	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19						
PHYSICIAl this certification of the buriol-th of Mental door frem 1	MEDICAL	CATHOM	CE OF INJURY	OFFICE, FARM, ETC }	21f. LOCATION STREET		CITY OR TOWN		COUNTY	STATE
DIVISION DING PH ar attent After the as the I olth and morked o	_	WHILE NOT WHILE AT WORK								
O S S S S S S S S S S S S S S S S S S S		22a.1 certify that (1) (this hospital) attended			DT 19	SS_, to	8 10	19.	-	li (we) lost
E 5 E 5 6 0	- 51	sow the decreed alive an S	of after death	79 86 , one	that i (my) (our)	opinion death o	ccurred on the date	and hour o		
OR AT OR AT DIREC oched Dept.		The Stay of 1/1/2	- X	/ / 0	EGREE	/	15.11		22c. DATE S	SIGNED
T. Het th		Chillette	de	280 1	ATTEN PHYSI	CIAN DIRE	CTOR PHYSICIAN	1	816	INF 86
HOSPITAL ned by th FUNERAL uld be det of the State		274 PHYSICIAN'S NAME (PIR OFFINE)	5		21 ADDRESS	100			/	
- 0 - 0 + 0		EDWARD S.	DE	CKM	10/6	FARESI	TAX. AM	WAND	41.5,	mp.
5 € 5 € ¥ ₹		URIAL, CREMATION, REMOVAL 236. DATE			METERY OR CREM	ATORY 23d	LOCATION CITY OR TOWN		0.0017	- 47.475
BP		SPECIFY) B	13-66	Ches	Ler		Chester	_	2 18	- Md
DHMH - 16 60M 7/84	24 F	INERAL DIRECTOR			CASTON)	25e CAME REC'T	BY REGISTRAN 25			Jitt
(VRA 15, 4)	8	7 Dachill	H Po	DORESS COL	M	DONNE		MAN SHEET	- 18	
		Man Maria and Maria	- W	MI- PA		SALES SALES				

And the state of t LINE MAN THE PROPERTY STANDARD - WILLIAM

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 6 REG. NO	1	5	8	EDT
ATE OF DEATH	HIMON	DAY	YEAR	25 HOUR

					REG.			J. A.	
1. DECEASED NAME	FIRST	WIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	26 HOL	
(THE OKYKINI)	G	ERARD H	OGAN		JUNE	13,	1986	651	PM
3 SEX	4. RACE		5. DATE O		6. AGE IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER	
Male	Caucasi	an	Dec.	= =000	86	YRS.	MONTHS DAYS	HOURS	MIN.
To. BIRTHPLACE (STATE OR F	DREIGN 76 CITIZEN OF	WHAT COUNTRY?	8	M	9 BALTIMORE CITY		Y OF DEATH		78
Ireland	USA		WIDOW	D W NEVER MARRIED DIVORCED	ANNE A	ARUNDEL	COUNTY		MD.
10 CITY OR TOWN OF DEA	9 9 7	HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPA		12h KIND O	F BUSINI	
GLEN BURNI		"ARUNDEL"		TAL	Self-emp	Loyed	Orname	ental	Iro
130 STATE	NG HOME OR OTHER INSTITUTION	13c. CITY OR TOW		134. INSIDE CITY LIMITS?	13e.STREET ADDRES	S / ZIP COD	E		
Maryland	Anne Arundel	Arnold		YES NO	216 St. A	Antons	Way 21	012	
14 FATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	WIDDIE		LAS	ī	
Patrick		Hogan		Ellen			Guer	in	
(YES, NO OR UNKNOWN)	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ORESS) West	over Ros	10 53	2122
NO	444 104 104 444	050-14-8	912	J. Gerald Ho	ogan Elm (rove.	Wiscons	in	
18 CALISE OF DEATH	(Enter anly ane cause pe	r line fawa) (b), and	d (c).)				BETWEEN	MATE INTE	RVAL
gave rise to imm couse (a), statin underlying couse PART 2 OTHER SIGN AMAL 190 DATE OF OPERAT	the last. (c)	λ.,	CIQ,	NOT RELATED TO THE TERM	MINAL DISEASE OR CO	20b. IF YE	S, WERE FINDIN	NGS USE	
THE CONTRACTOR					YES NO		FYING CAUSES ES []	NO [
OR CONTRIBUTING C	AUSE OF DEATH HOUR A	.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF IT	NJURY IN ITEM 18	PART I OR PART 2)		
21d INJURY OCCURR	LE TAT HOME, ST	OF INJURY TREET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR	NWOT	COUNTY		STATE
sow the decease	(this hespital) attended to d alive an May a) (did not) view the bod	3/ 198		nd that in (myt (aur) opinion DEGREE ATTENDING	/	date and ho			toted
22d. PHYSICIAN'S NA		T M D		22e. ADDRESS 20	5 BALTIMORI	E & ANI		BOUL	LEVA
BASANT	K. KHANDELWA	L, M. D.		GLEN BURI	NIE, MARYLA	TAD ST	JOT		
230 BURIAL, CREMATION,	REMOVAL 236. DATE	23c N	NAME OF	CEMETERY OR CREMATORY	23d LOCATION		401 APT		ELATE

DHMH - 16 50M 4/83 (VRA 15, 4)

Cremation

986/Metropolitan Crematory/Alexandria, Fairfax, Beall Funeral Home Bowie, Maryland 207 24 FUNERAL DIRECTOR

Bowie, Maryland 20715

JUN 1 9 1986

Julia Davidson Mandabe

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6 REG. NO	o.	Š	3	EDI
F DEATH	MONTH	DAY	YEAR	7b. HOUR

	4 -	FOR STATE REGISTRAR			CERTIFICATE OF DEATH 8 GREG. NO. 1 5 8						
		CEASED NAME FIRST		DWARD H	HMAN	AST V	JUNE		1986	1047 AM	1
	3. SEX	^x Male		ite	May		6. AGE TINYEARS LAST BIR	YRS.	IF UNDER TYEAR	# UNDER 24 HRS HOURS MIN.	-
		RTHPLACE (STATE OR FOREIGN COUNTRY) Solley, Maryl	and US	A	MIDOWE			RUNDEL	COUNTY	WD).
1		GLEN BURNIE	NORTH	T'ARUNDEL T	IOSP1	TAL	120 USUAL OCCUPATI (TYPE OF WORK FOR MOSTO Safty ENG.			Chem.	
5	13a S	Maryland A	OUNTY A CO.	GIVE RESIDENCE BEFORE AD 13c. CITY OR TOWN Glen Burn		134 INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS A 628 New Je			21061	
		Theodore	WIDDLE	tast Hohman		15. MOTHER'S MAIDEN NA/ FIRST Florence	#IDD(E		Rhoad		
			ARMED FORCES? S. GIVE WAR OR DATES) Drean	216.24.44		Mrs. Jeannet			ame as		
1		18 CAUSE OF DEATH (Ent. PART I. DEATH WAS CA	er anly one cause per NUSED BY: DIATE CAUSE (a)	/ A A	- 11	nonany AL	enest			mate interval onset and death melicy	_
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	h (b)	R AS A CONSEQUEN PROPERTY OF THE PROPERTY OF	Atec	when there compatable	E Mesoth	Morn	14	ris.	-
	VION	PART 2 OTHER SIGNIFICA	the f	UMOY +	UP	NOT RELATED TO THE TERM PULL OF THE TERM NAME OF THE TERM			EN IN PART 110		-
1	CERTIFICATION				FERATIO		YES NO	IN CERTIF	YING CAUSES		
1		?10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF (IF EITHER NOTIFY MEDICAL EXA	DE DEATH HOUR A.	DE INJURY M. MONTH DAY M.	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	LY IN ITEM 18 P	ART LORPART 2)		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY OFFICE, FARI	M ETC)	211. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE	
		17s.1 certify that III sta- ow the december also above. It is a label to	a on G	9 19	ME	nd that in (my) (au-) opinion (deoth accurred on the de			10	
		W D	2/11			ATTENDING PHYSICIAN [172e ADDRESS 200	MEDICAL STAI DIRECTOR PHYSIC	IAN 🗌	100	120/6	
		CALVIN FU	IIOANN, M.	D.		200	IIE, MARYLAN	DRIVE ND 210	#LL-10)	
		BURIAL, CREMATION, REMO (SPECIFY) Burial		2. 7. 9. 25. 10.		EMETERY OR CREMATORY Haven Mem. Par	23d LOCATION CITY OR TOWN K Glen Bur	nie	COUNTY A A CO.	STATE Md.	
		UNERAL DIRECTOR Singleton Fun	er Home	Glen Bu	rnie	, Maryland JU	N 2 4 1986		RAR'S SIGNAT		

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

JUNE THE TOTAL AND AND AND	PARTY VIII
AND DESCRIPTION OF THE PROPERTY OF THE PARTY	GLES BURNES CL. MUNICHARINGEL HOSPITAL
Language Company of the Company of t	
	MICHIGHNE FORMER TO TAYOUTE
Time II.	
La de la companio de	

1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND	MENTAL HYGI DEATH	IENE 8	6 REG. NO	o.	5	8	41
	CEASED NAME OR PRINT)	towar		M ,	1.1	LAN (20. DATE OF		MONTH 6	g	86	12 A A
3. SE			ACE		S. DATE C		WEAD.	6. AGE INY	EARS LAST BIRT	THDAY)	MONTH	DER I VEAR	IF UNDER 24 HRS. HOURS MIN.
MA	LE	I	BLACK		2001	17	1919	67		YRS.		J DAIS	HOOKS MIN.
	RTHPLACE (STATE OR I	OREIGN 7b.	U.S.A	WHAT COUNTRY?	8. MARRIEI WIDOWE		MARRIED XX	9. BALTIMO	NNE A				TY ME
	URCHTON	ATH 11.	(IF NOT IN SUC	HOSPITAL, NURSIN HFACILITY, GIVE STREET HADVSIDE	ADDRESS)	R OTHER INS	TITUTION	12a. USUAL (KIND O DUSTRY	F BUSINESS OR
13a S	AL RESIDENCE IF NURS STATE RYLAND	13b COUNTY	ER INSTITUTION	GIVE RESIDENCE BEFORE 134, CITY OR TOW CHURCHTO	ADMISSION)	13d INSIDE	NO [13e.STREET /	Shady			20%	733
14. F/	PHILLIP	MIDE	OLE .	BROWN			S MAIDEN NAM FIRST ERTA		MIDDLE	HOLL		LAS	Л
	WAS DECEASED EVER YES, NO OR UNKNOWN]	IN U.S. ARMED		166 SOCIAL SECU		17 INFORM ESTHER	NICK 5	ruchto 713 Sh			1 20 20		MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, gove rise to imm couse (o), stolin underlying couse	MMEDIATE C	DUE TO, OI	Meta. R AS A CONSEQUE R AS A CONSEQUE		ic E	Sopho	igeal	Con	nces		10,4	nontres
NO	PART 2 OTHER SIGN	NIFICANT CON	IDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATE	O TO THE TERM	INAL DISEAS	E OR CON	DITION G	IVEN IN	PART 10	9
CERTIFICATION	190 DATE OF OPERA	TION	196. COND	TION FOR WHICH	OPERATIO	WAS PERF	DRMED	200 AUTO	P5Y?	IN CERT			OF DEATH?
AL CER	218. ACCIDENT WAS UNION CONTRIBUTING	CAUSE OF DEATH	216. TIME O HOUR A	M. MONTH DA	Y YEAR	21c. HOW II	NJURY OCCURR	RED (ENTERNA	TURE OF INJUS	RY IN ITEM 18	PARTIC	PART 2)	
MEDICAL	21d. INJURY OCCUR	RED	21e. PLACE			211 LOCAT			CITY OR TO	wn	C	OUNTY	STATE
	220.1 certify that (I) saw the decease above, (I) was ((this hospital)	5/1	19_	36.00	d that in my	(our) opinion o	deoth occurre	ed on the do	ote and he	, 19 our and	from the	tha(1)(we) los causes stated
	22b. SIGNATUS	serw	Col	ш	1	DE GREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAR PHYSIC			6/C	SIGNED 3/86
	22d PHYSICIAN'S NA	AME (TYPE OR PR	INT)			22e ADDRE	SS					1.	/

BP. DHMH - 16 50M 4/B3

TO HOSPITAL

(VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL BURIAL

231. NAME OF CEMETERY OR CREMATORY

51 FRANKLIN ST ANNAPOLIS Md. Church Cen Owensville

A.A. Maryland

BURIAL 6-12-1986 Shew 24 FUNERAL DIRECTOR Annapolis, M. 21401 WILLIAM REESE & SONS MORTUARY, P.A. Shews U.

COCE 14

Lilia Krielen Bodell

REGISTRAR 256. REGISTRAR'S SIGNATURE

ATTLE STATE SCHENE ANTELSED A.A. (BUILDING LORd ANTELSED A.A. (BUILDING LORD ANTELSED A.A. (BUILDING LORD ANTELSED ANTELSED HU. ANTELSED A.A. (BUILDING LORD ANTELSED HU. ANTELSED A.A. (BUILDING LORD ANTELSED HU. ANTELSED ANTELSED HU. ANTELSE ANTELSED HU. ANTELSED				
AL STORM AND				
ANTARIO A.A. GRUNCITOR 1973 Sitedystön in. ANTARIO A.A. GRUNCITOR 1970 Sitedystön in. ANTERIA 1970 Sitedystön in. ETH : Mills 9/15 hadyston in.	1010			
ANTER 1970 ANTER A	YEDOS GENERAL AND AN AN AND AN AND AN AND AN AND AN AND AN AND AND		. A. 5. H	TOPACHIA)
TRANCE AND MARKET NAME OF THE PARTY OF THE P		bisoil pasies	ernada Etae	107 (5. 105
Compact of the Machine Page 100 Mg.	. W. of the great Ping.	1000	CHU)	distant.
.504 - Miles No	ATRIFIA	790	15125	(District
	WHEN Fire Str hedyelto No.			
			The Market P	
			Severit conti	
		NOW.		
ent.A.A. o Engledo. Engledo. E		2 1 2	SAUDUL SIDE	The state of the state of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OF PRINT) OF 1430 DEATH MATED HOURS DIRECTOR. STREET 2d HOUR 3 SEX DATE OF BIRTH IF UNDER 24 HRS. DATE 10 1918 PRONOUNCED 1958 Male White DEAD Th. CITIZEN OF WHAT COUNTRY? IN BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED New Jersey U.S.A Ann Arundel County WIDOWED DIVORCED 120 USUAL OCCUPATION TE DA TOP ID. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS M. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Vehiding Machine North Arundel Hospital vending machine Glen Burnie USUAL RESIDENCE (IF IN NUR LING. MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 21201 13g STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 725 North Lake Blvd. Florida Seminole Altamonte Spri WD 4. FATHER'S NAME S MOTHER'S MAIDEN NAME FIRST Fingling Gussie Hyman Hollander 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 725 North Lake Blvd. 32701 IYES, NO. OR UNKNOWNI (IF YES GIVE WAS OR DATES) 136-05-2984 Leah Hollander Altamonte Springs, Florida Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM I PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNCED BE USED AS A BURIAL - TRANSIT PERMI AFFER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE BALTIWORE, MARYLAND, 21201 PRIOR TO BÜRIAL, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (a)_ DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES . 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK X 22a. I certify that I toak charge of the remains described obave, held an Autopsy death resulted from: Accident Homicide Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME James E. Wheeler. M.D. ADDRESS 1116 Gumbottom Rd. Crownsville 21032 (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 73b. DATE 6-22-86 Iselin, Middlesex, New Jersey Burial Mount Lebanon Cemetery 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 3981 Carrollton Rd. Juna www. oson - Handalle DHAAH . 17 (VR A15 ME (5)) Marzullo Funeral Service Upperco. Md. 21155

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
= STATE	2 4 9
The state of the s	DAY YEAR 75 HOUR
(TYPE OR PRINT)	
RAYMOND Howard HOSSFELD DEATH MATED [] 6	11 1986 M
1. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	DAY YEAR 24 HOUR
male Cancagan 7-30-16 69 YRS. DEAD 6	11 1986 2040
To. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 8. MARRIED 9. BALTIMORE CITY OR COUNTRY	OF DEATH
Maryland USA WIDOWED DIVORCED Anne Arund	MD.
	26. KIND OF BUSINESS OR INDUSTRY
	Maintenance
USUAL RESIDENCE IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. COUNTY 132. CITY OR TOWN 134. INSIDE CITY LIMITS? 136. STREET ADDRESS	
mp, A.A. Annabalin YES NO 1 512 6th Street	21403
14. FATHER'S NAME FIRST MIDDLE IS FIRST MIDDLE MIDDLE	TPAL
William Henry Hossfeld Amelia Lu	beck
160, WAS DECEASED EVER IN U.S. ARMED FOR ES? (YES, NO ORUNKHOWN) (IF YES, GIVE WAR ORDANS) 16b, SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	ame as
NO 220-01-0424 Elizabeth R. Hossfeld-	#13
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PARTIDEATH WAS CAUSED BY: Asphyliation due to h.B,	SCIWELIN CHISEI AND DEATH
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if any, which gove rise to immediate (b) Serzure Disorder	
gove rise to immediate (b) OUE TO, OR AS A CONSEQUENCE OF	
lying couse last.	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
Z	
190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
	YES NO NO
196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A M MONTH DAY YEAR 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN SIEM 18 PART 1 OR PART	1-
21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 21f. LOCATION	
WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUL	NTY STATE
228. I certify that I taak charge of the remains described above, held an Autopsy 🔲, Inspection 🔀, Inquiry 🔲, and in my api	nian
death resulted from: Natural couses Accident Suicide, Homicide, Undetermined manner,	
ACTUAL ///// DO DATE	11-1-
SIGNATURE MULLIUM MAD MEDICAL EXAMINER SIGNED	28/21/2
EXAMINER'S NAME LANDIS 25 20 20 21 KILLION A.	1 200
EXAMINER'S NAME William P. Jones, M. D. ADDRESS Solomons Island Rd, American Company I	1 200
236. BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN	1 200
230. BURIAL CREMATION REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY COLON STORM TO STOR	napolis MID
236 BURIAL, CREMATION REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION (1708 TOWN) 236 BURIAL, CREMATION REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY (1708 TOWN) 236 BURIAL, CREMATION REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY (1708 TOWN) 236 BURIAL, CREMATION REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY (1708 TOWN) 236 BURIAL, CREMATION REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY (1708 TOWN) 237 BURIAL, CREMATION REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY (1708 TOWN) 238 BURIAL, CREMATION REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY (1708 TOWN) 239 BURIAL, CREMATION REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY (1708 TOWN) 230 BURIAL, CREMATION REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY (1708 TOWN) 236 BURIAL, CREMATION REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY (1708 TOWN) 237 BURIAL, CREMATION REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY (1708 TOWN) 238 BURIAL, CREMATION REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY (1708 TOWN) 238 BURIAL, CREMATORY (1708 TOWN) 238 BURIAL, CREMATORY (1708 TOWN) 239 BURIAL, CREMATORY (1708 TOWN) 230 BURIAL, CREMATORY (1708 TOWN) 231 BURIAL, CREMATORY (1708 TOWN) 232 BURIAL, CREMATORY (1708 TOWN) 234 BURIAL, CREMATORY (1708 TOWN) 235 BURIAL, CREMATORY (1708 TOWN) 236 BURIAL, CREMATORY (1708 TOWN) 236 BURIAL, CREMATORY (1708 TOWN) 237 BURIAL, CREMATORY (1708 TOWN) 237 BURIAL, CREMATORY (1708 TOWN) 238 BURIAL, CREMATORY (1708 TOWN) 238 BURIAL, CREMATORY (1708 TOWN) 239 BURIAL, CREMATORY (1708 TOWN) 240 BURIAL, CREMATORY (1708 TOWN) 250 BURIAL, CREMATORY (1708 TOWN) 250 BURIAL, CREMATORY (1708 TOWN) 250 BURIAL (1708 TOWN) 250 BU	napolis MID

The state of the s The state of the s an over 100. It is not not all part award broadly some and addition of TO BOHILL TURNING AND THE STATE OF THE STATE Harris Links of Bather was a series of the state of the s 400 mlog male so in the same with the same of the him is Con Ally subjected the terms of the state of The second was said a first to someth her sit is a real or and FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 50M 4/83 (VRA 15, 4)

23s. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR 3204 Mountain Rd. Pasadena, Md. 21122 McCully Funeral Home

June 10.86

Glen Haven Mem.Park Glen Burnie, Anne Arundel, Md.

21122

23d LOCATION

PASADENA, MD

23c. NAME OF CEMETERY OR CREMATORY

2b HOUR

622

17h KIND OF BUSINESS OR

INDUSTRY

Home

Fitzpatrick

COUNTY

STATE

07, 1986 IF UNDER I YEAR

YRS

SME \$28 DEC TO THE	CSACRING TALE ASSESSED.	
	ter, m stance with size in the	
	The state of the s	
ATION SECTION ASSESSMENT	LATE SECTION AND AND AND AND AND AND AND AND AND AN	
SOUS A Charge state of the first	Anna de la familia de la famil	
	post transacti . Spinet -	
STORES THE TENTON	di .e agreco Ul 1-6-275 Ul Loorge B. Ho	
and a signal section		
STATE OF LOWER KINDSON BO		

requires that the death certificate be

OR ATTENDING PHYSICIAN: The low

physicion.

retained by the hospital or attending

TO HOSPITAL

0

death. Page 4

8 6

Conditional of the funeral director, page 3 and 2 should be filed within 72 hours after death

1	FOR	DEDADTA		E OF MARYLAND EALTH AND MENTAL HYGI	EME PMB	1 7 7 7	
1-	STATE REGISTRAR	DEPART		ICATE OF DEATH	00	1 5 0 5	
	CEASED NAME FIRST	WIDDLE	t	AST	REG. NO	MONTH DAY YEAR 26 HOUR	
(TYPE	Bessix	e m	Ja	cobs	6 22 86	105.	
3. SE	×	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 2	
	IRTHPLACE (STATE OF FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	8 AAA DDIE	D X NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
MA	RYLAND	U.S.A.	WIDOWE	DIVORCED	ANNE	ARUNDEL COUNTY	
	NNAPOLIS	11. NAME OF HOSPITAL, NURSIN (16 NOT IN SUCH FACILITY, GIVE STREET. ANNE ARUNDEL C	ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST O		
	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN RYLAND A.A	4 2 7 2 7 A 7 A 7		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / 723 Melv	zip code 2/40/	
14 FA	THOMAS	McPHERSON		15 MOTHER'S MAIDEN NAM		PARKER	
	MAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU	IRITY NO.		polis, Marie Y JACOBS 72	21401 3 Melvin Avenue	
CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION	DUE TO, ODAS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	DEATH BUT		20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH	
4 5	710. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY		21c HOW INJURY OCCURR	YES NO	YES NO	
MEDICAL C	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE DOOL WHILE	HOUR A.M. MONTH DA	19	211 LOCATION STREET	CITY OR TO		
	AT WORK AT WORK	Tol) on shided the deceased from	16	, 19 A/	June 22	19	
	Obove, (1) (me) (did not) view the body ofter death. 27b. SIGNATURE DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN						
	SNM & C	. Rome 1	٠٥.	16 16 FORTS	- Davie	omagolis 2.	
	BURIAL, CREMATION, REMOVAL			N MEM. PARK	23d. LOCATION CITY OR TOWN	county st	
	UNERALDIRECTOR Ann:	apolis, Md. 2140 ONS MORTUARY, P.	1	250, DATE	REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE	

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

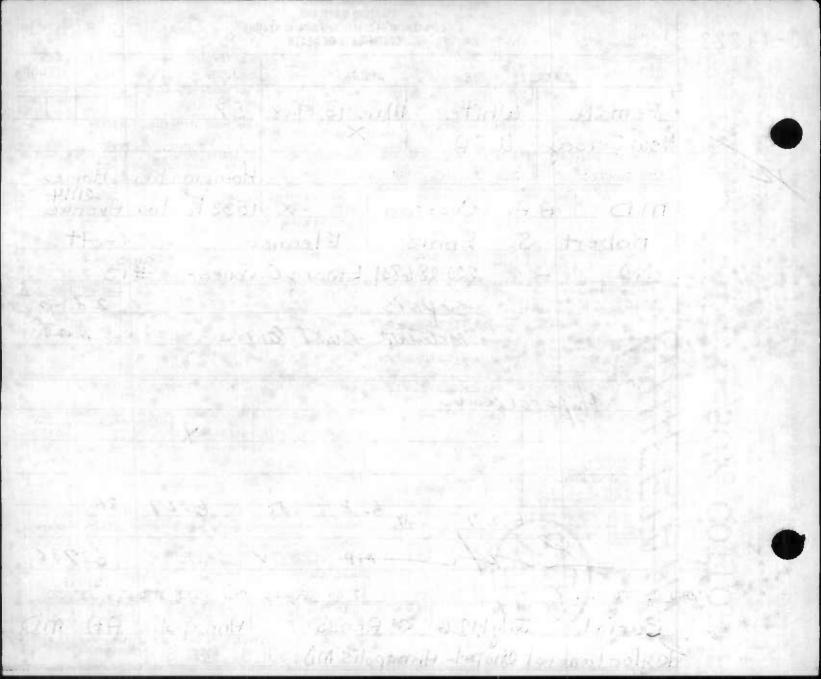
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and a should be detached for use as the burial-transit permit. Then please remave carbanpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

The state of the s TABLE OF SECTION OF THE PROPERTY OF THE PROPER that was yet that he is a second to the

STES ... CATALOGICAL

L. C. Perintin and Christian Contract

Amalgany .a.a. Safayara Dallin Ballin Ballin



1				STATE OF MARYL			9 mg 100 mg			
8737	1 -	FOR STATE REGISTRAR		CERTIFICATE OF		REG. NO.	5 8 5 5			
		CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR			
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		HARRY	F.	KESTNER		6	3 86 11:30			
. ė	3 SEX		4 RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS			
2 0 0		MALE	CAUCASIAN	8 17	04	81 yrs.	MONTHS DATS HOURS MIN.			
72 hours		RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8. MARRIED X NEVER	MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH			
30		ryland	U.S.A.		NORCED	ANNE ARUNDEL	COUNTY MD.			
尼山	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU LIF NOT IN SUCH FACILITY, GIVES		NOITUTION	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I	12b. KIND OF BUSINESS OR			
是)		EN BURNIE	609 Greenw	ay S.E.		Upholsterer	Mfg.			
anat S	13a S	TATE 13b. COL			CITY LIMITS?	13eSTREET ADDRESS / ZIP COL	S.E. 21061			
N Car	14. FA	THER'S NAME	MIDDLE LAST		'S MAIDEN NAM	MIDDLE MIDDLE	1461			
\$<0		ALFRED	KESTN	er seli	MA	WINDLE	MILLER			
medicol		/AS DECEASED EVER IN U.S. A 'ES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 16b. SOCIAL S IVE WAR OR DATES) 216 0		n Burn	ie,Maryland 2 stner 609 Gre	1061 enway S.E.			
the		18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b		* * * * * * * * * * * * * * * * * * * *		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
event,		PART I. DEATH WAS CAUS	ED BY. ATE CAUSE (o)							
-										
froumotic		Conditions, if ony, which	additions, if only, which (b) Coramanustons parent							
r other t		gove rise to immediate couse (a), stating the underlying couse last.	15							
mlury, o	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATE	D TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 11a			
10	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WE	IICH OPERATION WAS PERF	ORMED	20a AUTOPSY? 20b. IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?			
7	TIF						ES NO			
0	_	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DAY YEAR 216 HOW II	NJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)			
7	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN		19						
/	EDI	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	ZII LOCAT	ION	CITY OR TOWN	COUNTY STATE			
8	2	AT WORK NOT WHILE AT WORK			,		01 .			
Ě		22a I certify that (I) (this hos	pital) attended the deceased fro			1.10 6-3	, 19 00, that (I) (we) last			
5		sow the deceased alive a above, (1) (we) (did) (did)	n tot) view the body after death.	9_84, and that in (my) (our) opinion o	leath occurred on the date and ha	our and from the causes stated			
ě		276. SIGNATURE	1 1 0	DEGREE DEGREE	47751151151		22c. DATE SIGNED			
		·/V	nolly!			MEDICAL STAFF DIRECTOR PHYSICIAN	10-2-84			
T AND		224 PHYSICIAN'S NAME (TYPE				Burnie, Maryl				
APORTAN		Joseph	Taler	95 A	quahari	t Road Suite	131			
5	23e. B	URIAL, CREMATION, REMOVA		13c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE			
	(BURTAT.	6/7/86	TEN HAVEN	DARK	Clen Rurnie	A A Marvia			

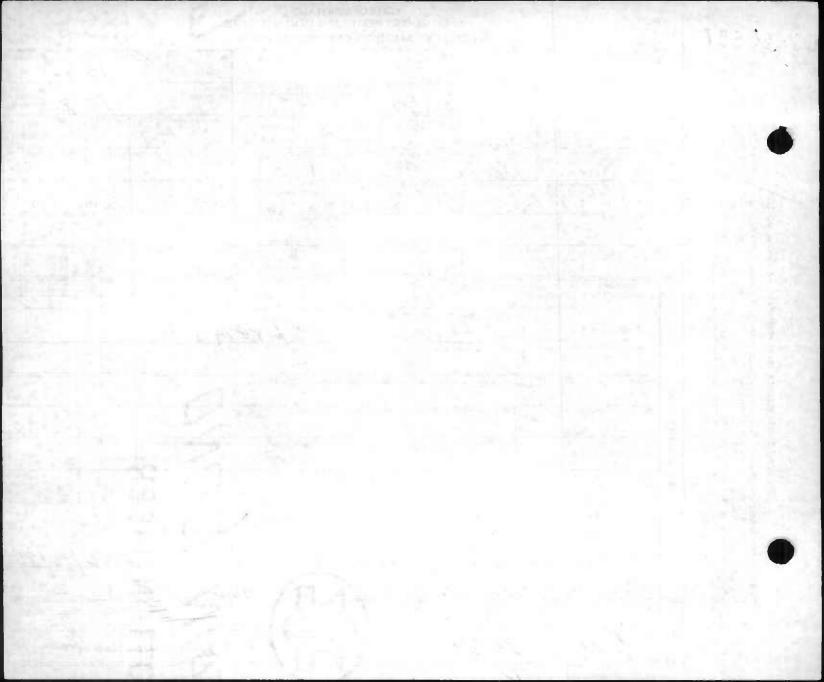
DHMH - 16 50M 4/83 (VRA 15, 4)

Raymond C. Fink Glen Burnie, Md. 21061

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE JUN 6 una Laydon-Pandallo

the case of the ca and the second single LE TI The state of the s

20M 4/82



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar remaval.

a any injury, or other troumotic event, th

morked or hem 18 sha

MPORTANT: If Hem 21 is

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE O

	REGISTRAR	2			CERTIF	ICATE OF DEATH	RE	G. NO.	20	7 7
	CEASED NAME E OR PRINT)	ouis		MIDDLE	KR	MISSION) 13d INSIDE CITY LIMITS? YES NO X 1508 Pine Bluff Way/21012 15. MOTHER'S MAIDEN NAME Caroline YNO. 17 INFORMANT COOP Emilie Juers (Same as # 13) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ADDRESS EE OF ATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PERATION WAS PERFORMED 200 AUTOPSY? YES NO WAS PERFORMED 210 AUTOPSY? YES NO WAS PERFORMED 211 LOCATION 120 USUAL OCCUPATION 120 US				
3. SE	hale white				5. DATE C		82	IF UNDER 1 YEAR		
	RTHPLACE (State OF)	FILLIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED		_	OF DEATH	
G	ermany			States	WIDOWE	DIVORCED	Anne Ar			
1	nnapolis	ATH					TYPE OF WORK FOR		12b. KIND O INDUSTRY Deli)F BUSINESS OR
13a :	AL RESIDENCE (IF NURS STATE ryland	13b COUN	ITY _	Arnold			1508 P	ess / zip cope ine Blu	ıff Wa	y/21012
Ka.	ATHER'S NAME FIRST		WIDDLE	Kratzke				DLE T	etzla'f	f
160 \	WAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES? E WAR OR DATES!	051-01-		Emilie Ju	ers (Sam	e as #	13)	
	Conditions, if any, gave rise to improve the improve to improve the improvement to improve the improve the improvement to imp	, which mediate ng the	D BY: E CAUSE (a) DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE	NCE OF	δ	RMINAL DISEASE OR	CONDITION GIV		
TIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		IN CERTIF	YING CAUSES	OF DEATH?
MEDICAL CERTIFICATION	21a, ACCIDENT WAS UNION CONTRIBUTING (FEITHER NOTIFY MEDI 21d IN JURY OCCURION WHILE AT WOLLD AT WO	CAUSE OF DEA	HOUR A. P. 21e PLACE	M. MONTH DA	19	211 LOCATION				STATE
	220.1 certify that (1) sow the deceos above, (1) (ma) (1) 22b. SIGNATURE	ed olive on	£ 6/19	19		DEGREE ATTENDING	_ MEDICAL _	the date and hou	r and fram the	causes stated
220	22d. PHYSICIAN'S N.	Plan	PRINT) JACK	7	IAME OF	121 B	mold M.	0 2101	2_	
230	DURIAL, CREMATION,	KEMOVAL	23b. DATE	236 1	WIE OF C	EMETERT OR CREMATOR	I ZJE. LOCATION		100000	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Burial 6-24-86 Partanco Severna Park, Md 21146

Lutheran Cemetery

Village, Middle

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

33 ST5 X 1 3/5/1 cornany inited tatem x and and all and a rundel nnapolis lane Arundal Beneral Hoge. Cwner anylend a. a. canold a 1508 Fine Bluff may 21012 1 39 onlife case contract [~9-

6-24-86 puttiegon lemetern sindre Villwo, Wi

Tarmanco Selena Hark, d 21146 A

20M 4/B2

Tibertories 1. solator . N. sol

res 16/11 22 1933 Jurous 2. Aulis 8374 2450 July 217 22 1833 18

plus brawers southerlies unded the confidence of the co

There I. were many joy aster St., Leston, M. 21247

10-0.9135

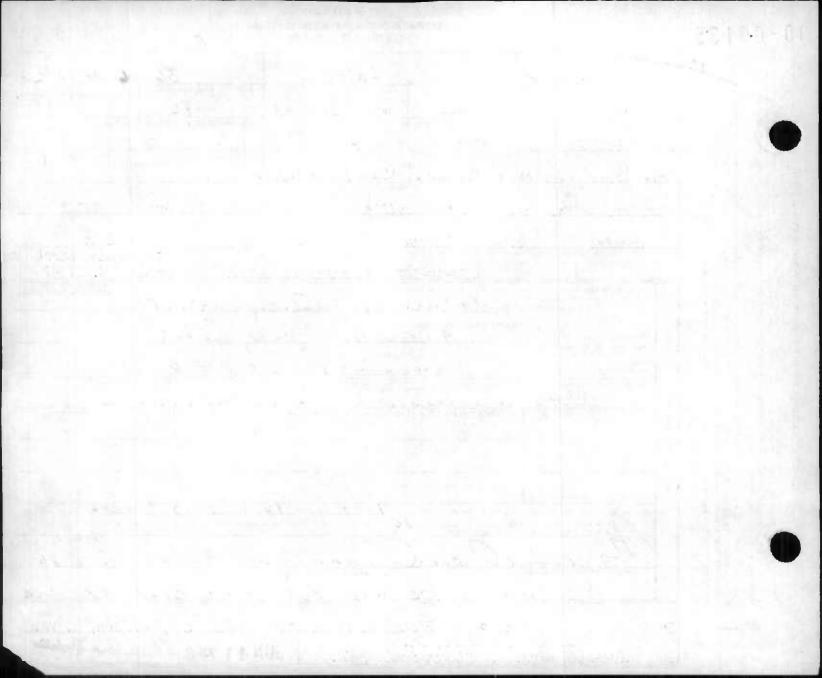
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 6 REG. NO.	15	8	5	
--------------	----	---	---	--

1	1	REGISTRAR			CERTIF	ICATE OF DEATH	3	REG. NO.	3	3 3 1	
Ì		EASED NAME	FRST	MIDDLE	l a	AST	20. DATE C	OF DEATH MONTH	DAY YEAR	26 HOUR	
1	-11000		omey		7	attece		06	06 86	12 30 M	
1	3. SEX		4. RACE	1			6. AGE (IN	YEARS LAST BIRTHDAY)			
4	1	M		ime	25. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF BIRTH DAY YEAR DO DO DO DO DO DO DO D						
1		ETHPLACE LITATE DR	76. CITIZEN C	F WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIM	ORE CITY OR COUNT	Y OF DEATH		
4	22	st Virgini	a / (JSA		_				MD.	
1	IR CIT	TY OR TOWN OF DE		OF HOSPITAL, NURSIN		OR OTHER INSTITUTION					
4	G	en Burni	2 North	Arundal	Co	nuglescut Cent	-				
4	USUA 13s. 5		NG HOME OR OTHER INSTITUTE	ON, GIVE RESIDENCE BEFORE	ADMISSION)	1 13d. INSIDE CITY LIMITS?	113e.STREET	ADDRESS / ZIP COL	DE		
7	Ma	ruland	Pr. Geo.			YES NO X	5017			0782	
d		THER'S NAME	WIDDLE				AME	MIDDLE		AST	
4	1	Charles	E.	Latte	a	- 1					
7					RITY NO.	17. INFORMANT	Son				
+	100			234-10-0	088	Charles L. I	Lattea	Annapoli			
1		18 CAUSE OF DEAT	H (Enter anly ane cause)	per line far (a), (b), and	d (c)				BETWEE	NONSET AND DEATH	
1		PARTI. DEATH W	IMMEDIATE CAUSE (a),	Cardi	o b	ennisted	49	assest			
1		200	DUE TO	OR AS A CONSEQUE	NCE OF						
1	S			ASC	CU	1) po	ue.	rokel			
П				OR AS A CONSEQUE	NCE OF			4 14			
П		underlying cause	e last.	preu	non	un's	CO	PD			
П		PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO	SEATH BUT	NOT RELATED TO THE TER	MINAL DISEA	ASE OR CONDITION G	IVEN IN PART	lia	
J	NO.	a	roteus	reles	Les	£ /500	5 V	yraid			
7	CAT	190 DATE OF OPERA	TION 196 COI	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AU				
	AT I							- 0		NO 🗌	
			trade 1 1 1 march 1 mm		Y YEAR	21c. HOW INJURY OCCU	RRED (ENTER	NATURE OF INJURY IN ITEM 18	PART I OR PART 2	1	
	CAL	(IF EITHER NOTIFY MED	ICAL EXAMINER)	P.M.	19						
	VED		(AT HOME		ARM, ETC)			CITY OR TOWN	COUNTY	STATE	
1	-	WHITE D NOT W	HILE				,				
-				*	0/	. 17	, 10	/ 3		_, that (I) (we) last	
1		/abave, M (we) (did) (did not) view the bo	dy after death.	AG., 0		n death occur	red an the date and he			
		226. SIGNATURE		7		ATTENIONE	MEDICA	CTAFE	22c. DA	TE SIGNED	
1		271	whell	1 our		MANPHYSICIAN	DIRECTO	R PHYSICIAN	6	686	
	1	22d. PHYSIZIANES N	AME (TYPE OR PRINT)		5	22e ADDRESS		4			
		N	USTAFA	C .02	M	n 605	Ba	+ Blu.	1 51	e us	
1			REMOVAL 236 DATE	23c N	NAME OF (EMETERY OR CREMATORY			COUNTY	STATE	
	Bu	rial.	June	9.1986 FLO	ral t	tills Cemeter				w. Va.	
	24 FL	UNERAL DIRECTOR	rancis J. C	collins. Ir		25a. D.A		REGISTRAR 256 REGI	STRAR'S SIGN	ALUPE	
	WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO OR UNKNOWN) 18 CAUSE OF DEATH lEnter only one couse per line for (a), (b). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSECT OF STATE OF THE CONTRIBUTING IN CONTRIBUTION IN CONTR				, Md. J	UN 1 1	IN 1 1 1986 Gina Davidson June				

DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 0 CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20. DATE OF DEATH DECEASED NAME MONTH YEAR 26 HOUR (TYPE OR PRINT) Florence 18 IF UNDER LYEAR 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH DAY YEAR 5 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED _ NEVER MARRIED _ Hrunde DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OF WORK FOR MOST OF WORKING LIFE STREET ADDRESS / ZIP CODE 13a. STATE Lac CITY OR TOWN 13d INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LIF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per la PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse tot, stoting the DEPONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS NTRIBUTING TO DEATH BUT PO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 36. IF YES, WERE FINDINGS USED 14s DATE OF OPERATION THE CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY à IN CERTIFYING CAUSES OF DEATH? NOP YES. NO I fronsit p Zie ACCOENT WAS UNDERVING THE TIME OF INJURY THE HOW INJURY OCCURRED. FINANCIAL OF MICH WITHIN THE PART I CREME IN HOUR A.M. MONTH DAY YEAR DECONFRBUTING CAUSE OF GEATH MEDICAL OF EXPER MOTEY MEDICAL EXAMINERS P.M. 10 214 INJURY OCCURRED THE PLACE OF INJURY TIL LOCATION CITY ON TOWN COUNTY STATE AT HOME STREET, FACTORS OFFICE FARM, ETC.) 114661 orkedo D NOT WHAT [DING 27e.1 certify that (1) Whin hospital) attended the peceased from saw the deceased alive on, and that it (my Liver) opinion death accurred on the date and hour and from the course stated about, it (and taid) did not view the body after death oched. Dept. DEGREE THE DATE SIGNED 0 ATTENDING MEDICAL FUNERAL D PHYSICIAN N DIRECTOR | PHYSICIAN | ORTANI 77+ ADDRESS 731 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL

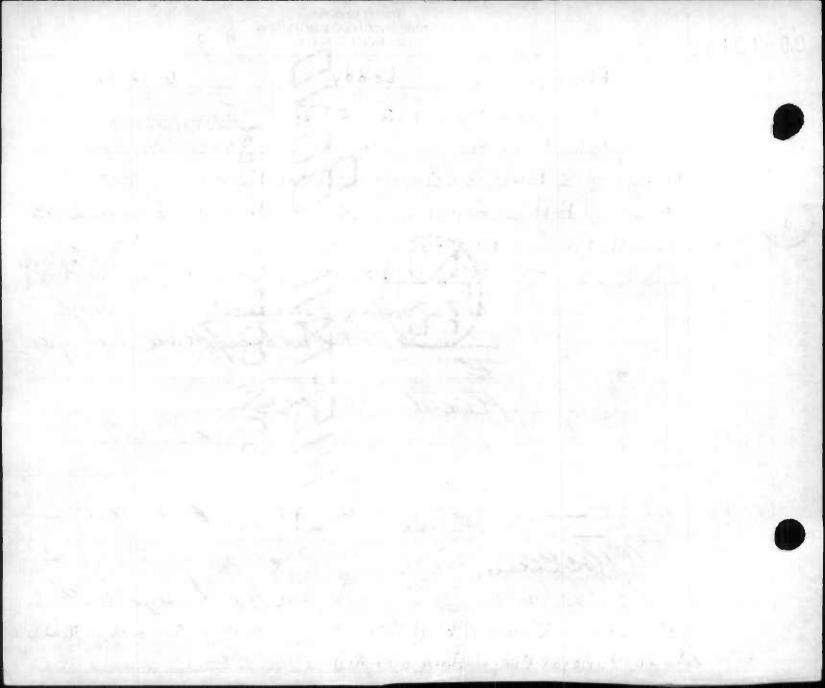
Annapo

BY REGISTRAR 75% REGISTRAR'S SIGNATURE

25a. DATE REC'D

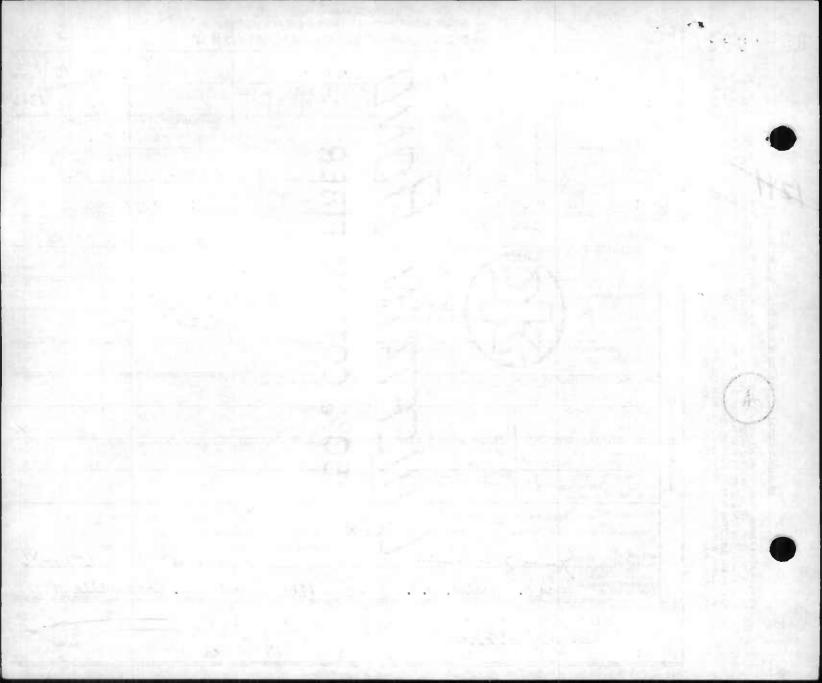
DHMH - 16 60M 7/84 (VRA 15, 4)

24 BUNERAL DIRECTOR



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR DECEASED NAME 20. DATE KNOWN W MONTH HOUR (TYPE OR PRINT) 1986 John Harvev Lemon DEATH MATED 1000 7d HOUR 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. SEX DATE OF BIRTH IF UNDER 24 HRS. 21. DATE LAST BIRTHDAY PRONOUNCED 1326 Male White DEAD Oct. 26, 1913 72 YRS To BIRTHPLACE (STATE OR TO CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Anne Arundel Co. DIVORCED . Virginia USA WIDOWED 12a USUAL OCCUPATION (TYPE OF WORK 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Harmans 1259 Old Dorsey Road MSGT (Ret.) US Army USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13e. STATE 136 COUNTY 13c. CITY OR TOWN Maryland 1259 Old Dorsev Road A A Co. Harmans YES [NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Lester Farris Lemon Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (Wife) ADDRESS DIVISION IYES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) AF ALONG WING CALCALL TRANSIT PERMIT. PAGES O MENTAL HYGIENE, DIVIDITION OR REMOVAL WWII/Korean 534.26.2872 Same as 13 Yes Mrs. Mary D. Lemon APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF IN PENCIL IN IT EXAMINER ALC RIAL - TRANSIT F 14/ Cutad Canditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (o) stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? HIS CERTIFICATE SHOWITING THE WORL ARDED TO THE CH IGE 3 SHOULD BE UNTER DEPARTMENT OF NO X DIVISION OF VIT 71a FXTERNAL CAUSE WAS 71b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION AT WORK NOT WHILE TO MEDICAL EXAMINER: THIS CE
EXECUTE THE CERTIFICATE, WRITH
PAGE 4 SHOULD BE FORWARDE!
TO FUNERAL DIRECTOR; PAGE 3
AFTER DEATH, WITH THE STATE DE
BAUTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22a I certify that I took charge of the remains described above, held an Autopsy Inspection Suicide X Accident Homicide ... death resulted from: Undetermined manner Natural couses TITLE (SPECIFY) SIGNATURE EXAMINER'S NAME James E. Wheeler, M.D. ADDRES 1116 Gumbottom Rd. Crownsville 21032 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE Burial June 23,1986 Meadowridge Mem. Park Elkridge Md. Howard 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Mia Davidson Glen Burnie, Maryland (VR A15 ME (5)) Singleton Funeral Home

STATE OF MARYLAND



STAT	TE OF	MARYL	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. N	40.	1	5	3	6	{,
FOFE	DEATH	MONTH	DAY	YEAS		25 HOUR	

	REGISTRAR				CERTIFICATE OF DEATH 8 S REG. NO. 1 5 8 6							
I. DECE	ASED NAME	Ruth	/1	AIDDLE	LEVIT	r T	2a. DATE OF DEATH	·6 2	. 1	26 HOUR		
3. SEX	EMALE		WX	?Le	S. DATE C	F BIRTH . 11,1931 YEAR	6. AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	HOURS M		
	HPLACE (STATE OR F	OREIGN 7	b. CITIZEN OF USA	WHAT COUNTRY?	8. MARRIE WIDOWE	DI DIVORCED	9 BALTIMORE CITY C					
A	napolis		Anne A	rum onl (9	ADDRESS)	HOSP.	120 USUAL OCCUPAT	ION	126 KIND O	F BUSINESS ARANT		
MA	RYLAND		ARUNDE I			13d INSIDE CITY LIMITS? YES A NO	1140Z CATLY	N PLA.	#21	401		
	ER'S NAME BENJAM	IN	COF			15. MOTHER'S MAIDEN NA SARAH	MIDDLE	СОНЕ	N LAS	T		
16a WA (YES	S DECEASED EVER		MED FORCES? WAR OR DATES)	213-26-		17 INFORMANT CHA 1402 CATLYN			MD 21	401		
NOI	Conditions, if any, gove rise to immove (a), statin underlying cause ART 2 OTHER SIGN DATE OF OPERA	nediote g the lost.	(c)ONDITIONS <u>CC</u>		DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? YES NOT	20b IF YES,	WERE FINDIN	IGS USED		
WEDICAL	In. ACCIDENT WAS UNED OF CONTRIBUTING OF CONTRIBUTING OF CHEETHER NOTIFY MEDITED OF CONTRIBUTION OF CONTRIBUTI	CAUSE OF DEAT CAL EXAMINER) RED RE (this haspite	P., 21e PLACE ((AT HOME, STR	M. MONTH DA M. OF INJURY DEET, FACTORY, OFFICE, F e deceased from	19 ARM, ETC)	, 19	د العدر العالم . 10	WN 86, 11	COUNTY	state		
	above, (I) (we) (a	view the body	DEGREE ATTENDING PHYSICIAN 22e ADDRESS			MEDICAL STAFF DIRECTOR PHYSICIAN NOEL GEN. HOSP ANNAPOLIS, MEDICAL STAFF						
(5PE	RIAL, CREMATION, BURIAL			22,1986	CHIZ	EMETERY OR CREMATORY UK AMUNO	23d LOCATION CITY OR TOWN BALTIMOR	E	COUNTY	LAND		
100	ERAL DIRECTOR NAME 6010 REIS			BALTO.		21215 JU	N 25 1986	25b REGISTR	AR'S SIGNAT	UREL		

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove corbanpaers. Pages, with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

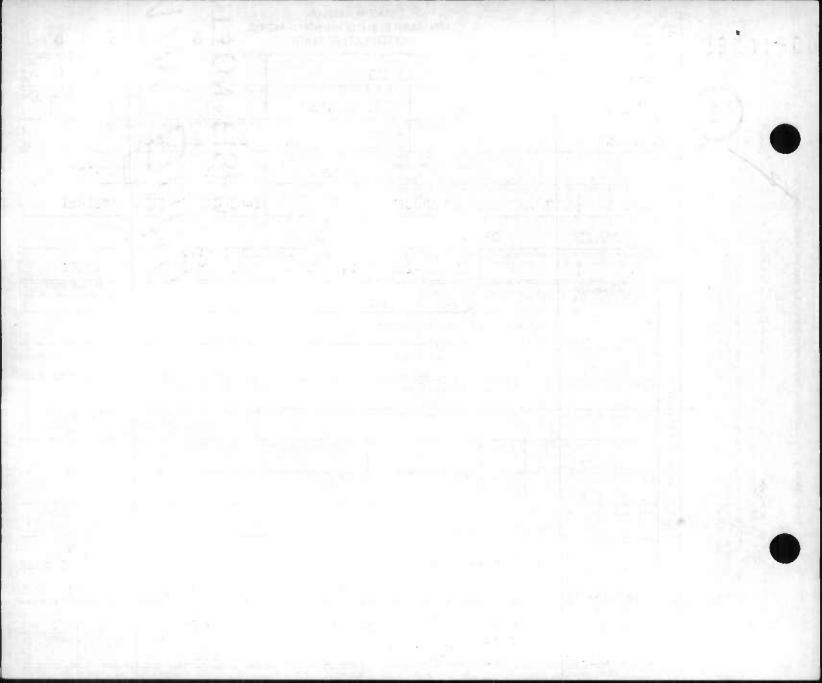
TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be

etained by the hospital or ottending physicion.

BP.

FOR

-10565



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH TYPE OR PRINTS OTTILIA Marie 1986 4 RACE A AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5 DATE OF BIRTH 13 1914 female caucasian Sept. 71 To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Balto. Md. WIDOWEDEX DIVORCED [ANNE ARINDEL COUNTY CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Homemaker Home NORTH ARUNDEL HOSPITAL LOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13a. STATE Pasadena 13d INSIDE CITY LIMITS? 13. STREET ADDRESS / ZIP CODE 8048 Bellhaven Ave Md. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Kneis Lars Torsten Leaf Anna ADDRESS 16h SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 219-28-1448 Robert Lueders same as 13e APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for io), (b), and ic PART I. DEATH WAS CAUSED BY: with adult respiratory distes Juhor IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 106. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 200 AUTOPSY NOX 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH WEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS 21f LOCATION 21d INJURY OCCURRED TIE PLACE OF INJURY CITY OR TOWN COUNTY STREET AT HOME STREET FACTORY OFFICE FARM ETC 1 NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from. saw the deceased alive an and that in (my) (west opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) vi the bady after death 22b. SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF TO FUNERAL D should be detoc PHYSICIAN Y DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 3450 FT. MEADE ROAD 23a. BURIAL CREMAT 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 (VRA 15, 4)

AND TOTAL COLUMN TO THE PARTY OF THE PARTY O

atent and the reserved to

STATE OF MARYLAND

0	1	
0	REG. NO.	

	1.	STATE REGISTRAR			VEFAKII		ICATE OF DEATH	8 6 REG.N	0.	5 8	6 EI	T
		CEASED NAME E OR PRINT)	ARIE		BEATRICE	MADD	OX	JUNE	23		26 HOUR 955	P
	3. SE:	Femo	- China	1. RACE	ite			6. AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	HOURS A	HRS MIN
5		RTHPLACE (STATE OF COUNTRY) Virginia		USA	WHAT COUNTRY?	WIDOWE		9. BALTIMORE CITY O	ARUNDE	L COUN	ΓY	MD.
1	10. CI	GLEN BUR		11. NAME OF H	HOSPITAL, NURSIN	LOPHOS	PITAL	12a USUAL OCCUPAT ITYPE OF WORK FOR MOST OF Homemaker		INDUSTRY	F BUSINESS	OR
5	13a. S M	AL RESIDENCE (IF NUI STATE laryland ATHER'S NAME FIRST James	13b COU A		GIVE RESIDENCE BEFOR	nie	13d. INSIDE CITY LIMITS? YES □ NO 【 15. MOTHER'S MADIEN NA FRS1 Kate	13e.STREET ADDRESS 105 Glen1		LAS	061 ricks	
	16a V	WAS DECEASED EVE YES, NO OR UNKNOWN)	R IN U.S. AI	RMED FORCES?	225.05.7	JRITY NO.		aughter) ADDR	0 -	as 13		
	NO	Conditions, if on gove rise to in couse tol, stot underlying cous	y, which imediate ing the e lost.	DUE TO, OI	R AS A CONSEQUENT R AS A CONSEQUENT RIBUTING TO	ENCE OF	LAU I	Slock IINAL DISEASE OR CON	DITION GIVE	N IN PART 1	0.	
1	CERTIFICATION	IVE DATE OF OPER	ATION	1% CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	We AUTOPSY?		WERE FINDS		
7	MEDICAL CERT	72a.1 cyflify that (CAUSE OF DE SEALTRANSSE RRED ONL () (This. hosp and glive of (dief) (d) (d)	HOUR A: P. 21s PLACE: (AT HOME STE 22st) view the body	M. MONTH D. M. OF INJURY INST. TACTORY, CHIEF. 6 defended from 3 3 B Pa	19 6	21 LOCATION 278EET 23 EU 19 nd that in (my) (our) opinion DEGREE PHYSICIAN P 224 ADDRESS GLEN BU	to 6	are and hour	ET I CREAM 31	thor (I) (we)) foot
	23a E	BURIAL, CREMATION	, REMOVA	L 23b. DATE	23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION				

TO FUNERAL DIRECT ould be detach in the State De MPORTANT, II I

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

June 27,1986 Mt. Zion Church Cem.

Rustburg

Campbell

Va.

FUNERAL DIRECTOR A A Stephen Burnie, Maryland

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

7845 CARROCE SCALE JOHN STREET, M.D.

		mov b
		400
		Se de
		State of
1201		Second in
AND		n 24 h
ARYL	H	Sec. Prince
RE, M		Sarrida.
TIMO		he es
T., 8A		40000
TON		with ca
PRES		the de
X 102		c show
RDS,		and the same
RECO		lane.
VITAL		M. The
ION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		VEICIA
IVISIO		MO DI
Ω		OP ATTENDING DAYS CLAM. The Law consider the class by confident to the control of
	D	TTA GO
		C

TO FUNERAL DIRECTOR: After this certificate has been signed by the othending physic should be detacked for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

DHMH - 16 50M 4/82

(VRA 15, 4)

MAPORTANT: # Hem 21 is marked or Hem 18 shows ony

Ambrose Funeral Home

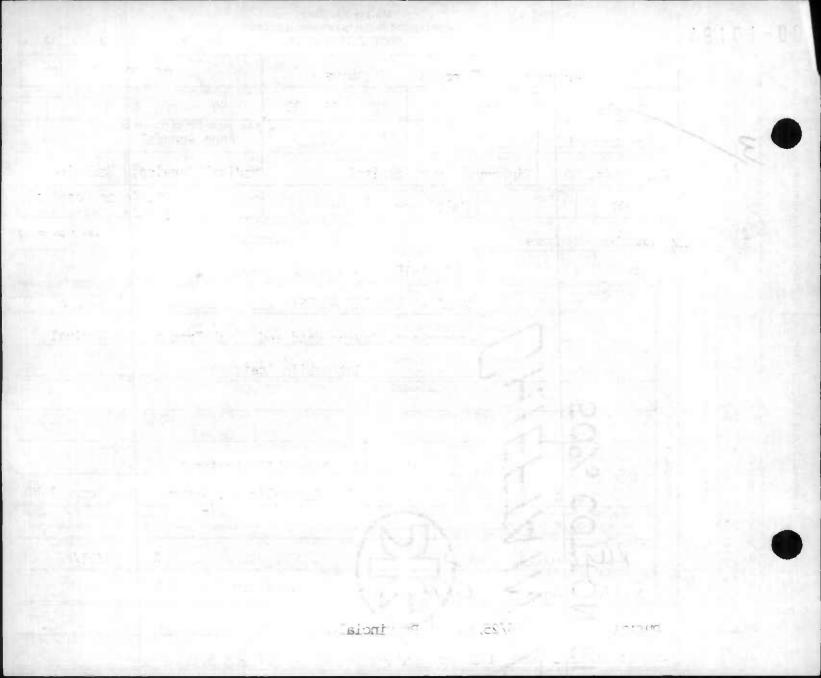
00-10194

FOR - STATE REGISTRAR STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

3 6 REG. N	١٥.		5	3	6	
E OF DEATH	MONTH	DAY	YEAR	2b.	HOUR	
	06	21	86	170	HOUR 922	

1	1. DECEASED NAME FIRST (TYPE OR PRINT) Gertru					20 DATE OF DEATH	06 2]	20.110011		
	3. SEX Female	4. RACE Cau	5. DATE C		17	6. AGE (IN YEARS LAST BIRT	YRS.		IF UNDER 24 HRS	
*	George town, Md	75. CITIZEN OF WHAT CO	MARRIE		RCED 🗌	9. BALTIMORE CITY <u>O</u> Anne Art	undel		MD.	
1	Ft. Meade, MD	Kimbrough A	rmy Hospi		JTION	Medical Services Medicine				
1	USUAL RESIDENCE (IF NURSING HOMEON 130. STATE MD	NTY ISTITUTION, GIVE RESIDE	ortown timore	13d. INSIDE CITY YES X N	10 🗆	13e. STREET ADDRESS	St. Ag		ospital on Ave	
1	Charles Watther	stian MIDDLE		ak	11229					
7	160. WAS DECEASED EVER IN U.S. AR (YES. NO PRUNKNOWN) (IF YES. GH	MED FORCES? 166 SOC 214	al rec	addre cords	55					
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE MAKEDIA		Dead	d On						
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CO	ONSEQUENCE OF	Automob	ile A				ival	
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	R WHICH OPERATIO	N WAS PERFORM	MED	200 AUTOPSY? YES NO	206. IF YES, WIN CERTIFYIN			
	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE M	ATH HOUR A.M. MOI	NTH DAY YEAR 21 19	86 Aut	fdomo	TED (ENTER NATURE OF INJUR TE Accident is Rd. Seve			ınde1⁵™D	
2	220.1 certify that (I) (this hosp saw the deceased alive or above, (I) (we) (did) (did no says that the says the says that the says the says that the says t		19, or	1	19_86			86	that (I) (we) lost causes stated	
	RITA NINE	M MD	SANUU MI	220 ADDRESS	rough	MEDICAL STAF	IAN (T)	6/21	/86	
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) burial 24 FUNERAL DIRECTOR	236. DATE 06/25/86		emetery or cr	'emete	23d. LOCATION CITY OR TOWN TY Emmitsb E REC'D. BY REGISTRAR	ura BAl	OUNTY timor R'S SIGNAT	Md.	

1328 Sulphur Spring Road



100				STATE OF MARYLAND	
0			FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	5 8 6 4
111	01.0		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REG NO.	
1-11	1040		CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN X MON	ITH DAY YEAR 26. HOUR
	18 S S S E	(111	Lillia		25 1986 M
	GESSARY, PLEASE JERAL DIRECTOR. OUR FILES. HITHIN 72 HOURS HESTON STREET,	3. SE)		DATE OF RIPTH A AGE (INVEADS IF LINDER) YP TIE LINDER 24 HRS 12 DATE MON	TH DAY YEAR 2d HOUR
	Z ST		F LIZULTE	DEC. 10, 1905 80 YRS. 1ASI BIRTHDAY MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 6	25 186 11:15
	ESSARY, ERAL DIR OUI IIIII 72	75 D	RTHPLACE (STATE OR 7	h CITIZEN OF WHAT COUNTRY?	
	ECESSA NERAL PER C		REIGN COUNTRY	MARRIED NEVER MARRIED	
V	型台		MD.	U.S.A. WIDOWED DIVORCED Anne Arundel	
	AY IS A THE FIRE	10. C	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WO	OR INDUSTRY
11	SEARCH O		Severna Park	702 Oak Grove Circle Housewiff	
20	9 N S S	13a. S		OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 CITY OR TOWN 136 INSIDE (ITY LIMITS? 136. STREET ADDRESS)	21146.
120	E SEREN S	130, 5	MD. 13. 4.A	· CO. SEVERNA PARK YES NO BY 102 PAR SLOVE	MILLE
BALTIMORE, MD. 21201	S. S. S. L. R. L.	14. F.	ATHER'S NAME	IS MOTHER'S MAIDEN NAME	C17==
8	E-00-107	1	92-	MIDDLE LAST EBST MIDDLE 1/a	LAST
80	A S S S S S S S S S S S S S S S S S S S	1	TE EL	DEPARA IVA	STIAND
WE	AFTER DE IVE PAGE H FORM AGES 1 AGISION OF	100. Y	VAS DECEASED EVER IN U.S. ARME ES, NO OF UNKNOWN) (IF YES, GIVE W	AR OR DATES)	21075
A	7>-05		100	214-50 8332 LILLIAN MIFROUIC 4 DAL	ECREST COURT
- 3	WIT PA			one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
S	HOUI NG V RAMIT ENE, E		PART I DEATH WAS CAUSED I		
0	ITHIN 24 I CIL IN ITE/ VER ALON ANSIT PE/ AL HYGIE REMOVA			(DUE TO, OR AS A CONSEQUENCE OF	
RES	WITHIN ENCIL IN AINER / TRANSI VIAL H'	1990	Canditions, if any, which	(b)	
Α.	>== ~ = ~		gave rise to immediate cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE OF	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	E, WRITING THE WORD "PENDING" IN PEN EWARDED TO THE CHIEF MEDICAL EXAM PAGE 3 SHOULD BE USED AS A BURIAL - IN STATE DEPARTMENT OF HEALTH AND MEN 2 21201 PROR TO BURIAL, CREWATION, O		lying cause last.		
S, 2	N S S S S S S S S S S S S S S S S S S S		PART 2 OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d)	
ORC	A P S S S S S S S S S S S S S S S S S S	2	THE TOTAL STORM CONTINUES CO	THE PERSON OF SEATE OF THE TERMINAL OFFICE OF CONDITION OF FITTING THE	
E C	- CREAS	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
N. T	IAL,	Ž.	119. DATE OF OFERATION	THE CONDITION ON WHICH OF ENGLISH WAS TEN ONNED.	
T/V	WORD WORD WORD WORD WORD WORD WORD WORD	I E			YES X NO
9	A PER MEN PER	8	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR XXXMONTH DAY YEAR	R PART 2)
N O	SHOODER.	MEDICAL	CONTRIBUTING CAUSE OF DE		
ISI	PR SP SP	0	21d. INJURY OCCURRED	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
á	NRD	2	WHILE NOT WHILE X	home 702 Oak Grove Circle, Severna P	
	E, W SWA STA STA	110			
	AER: THE STATE OF STA				y opinian
	MER DES		death resulted from: Natura	0 /	
	EXA CERT JON WAR		ACTUAL WALL	TITLE (SPECIFY)	ATE C 10C 10C
	CAL EXA SHOULD SHOULD STAL DIR SATH, WI SPE, MAR		SIGNATURE WALLE	M.D. Assistant MEDICAL EXAMINER SK	GNED 6/26/86
	NE SE	1	EXAMINER'S NAME Marc	garita A. Korell, M.Dlll Penn St. Balto.MD	
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BATTIMORE, MARYLAND,		(TYPE OR PRINT)	ADDRESS	
	5X45A4	23a. E	URIAL, CREMATION, REMOVAL 231	CITY OR TOWN	COUNTY 51/4
07/84	BP	1	KEMATION 6	5-27-86 WESTVIEW MEM. BAL	70.0. MD.
25M	DHMH - 17	24. F	UNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
	(VR A15 ME (5))	17	FOMAS J. JKA	DA "002829 AUDSON ST. JUN 30 1986 The Journel	Part State of the
		1	10.1.0		



07/84 25M

DHMH - 17

(VR A15 ME (5))

FOR STATE

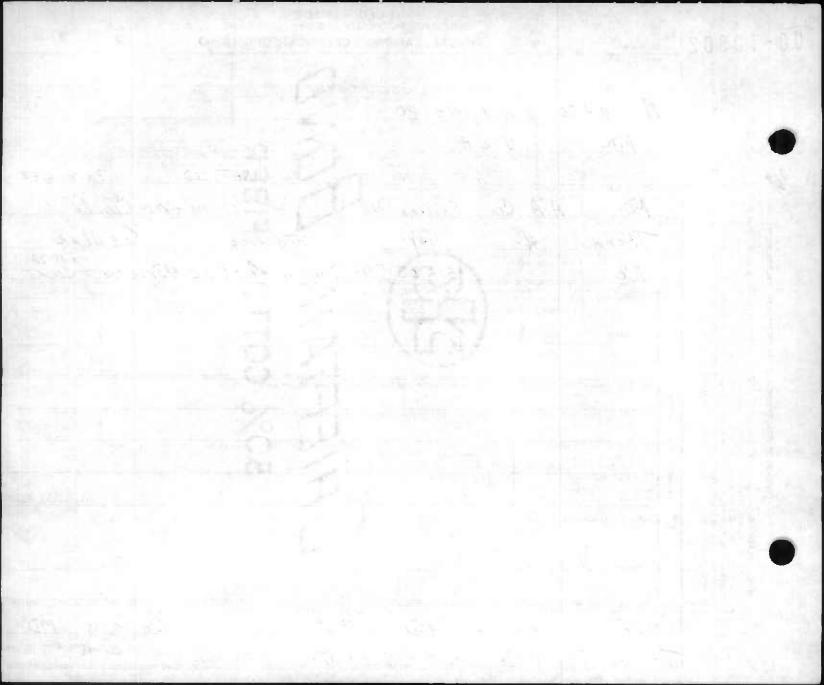
REGISTRAR

STATE OF MARYLAND DEDARTMENT OF HEALTH AND MENTAL HYCICHE

DEPARI	MEIAI	OF HEALI	IL WIND WELLI WE	HIGIENE	J.
MEDICAL	EXAM	AINER'S	CERTIFICATE	OF DEATH	6

REG. NO.	5	8	6	240
REG. NO.	2	0	~	04

		CEASED NAME	FIRST	WIDDLE	LAST		20. DATE KNOW		DAY YEAR	2h HOUR	
	(TYP)	E OR PRINT)	Thomas	s Henry	May		OF ESTI-		25 1986		
	3. SEX	4. R.	ACE	DATE OF BIRTH 6 AGE	IN YEARS IF UNDER 1			MONTH	DAY YEAR	2d HOUR	
		11 10	HITE	A136. 9, 1905 80	YRS.	YS HOURS MIN	PRONOUNCED DE AD	6	25 1986	1:15	
1		RTHPLACE (STATE O	OR .	b. CITIZEN OF WHAT COUNTRY?	11	NEVER MARRIED	9. BALTIMORE C			1 P M	
)	FO	REIGN COUNTRY)		U.S.A	WIDOWED &		Anne Ar	undel C	ounty.	AAD.	
~	10. CI	TY OR TOWN OF	DEATH	11. NAME OF HOSPITAL, NURSING H		TITUTION 126. U	SUAL OCCUPATION	TYPE OF WORK	126 KIND OF B	USINESS	
1	100	Severna P		(IF NOT IN SUCH FACILITY GIVE STREET ADDR 702 Oak Grove OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD	e Circle	Re	ETIRED	3)	BALTO.	GYE .	
2	3a. S1		13b. COUNT	13c CITY OR TOV			TREET ADDRESS	POVE CO	2114	6	
	14. FA	THER'S NAME	1 // //	CO BEVECUE	15 MC	OTHER'S MAIDEN NAM	AF.	1/	- CC		
		THOMA	5	MAY		ATHERIA	MIDDLE	KOF	- ULER		
		VAS DECEASED EV		ED FORCES? 166 SOCIAL SEC	URITY NO. 17. INF	ORMANT		PRESS	111	792	
	(1)	ES, NO, GR UNKNOWN)	(IF YES, GIVE W	212-05	-7313 6	Lino Mil	EKOVIC 4	DALE ON	esst Co	UPT	
		18. CAUSE OF DE	ATH (Enter anly	one cause per line for (a), (b), and (c)		21110 1 117	10010 1	7742 0	APPROXIMA	TE INTERVAL	
4		PART I DEATH		CAUSE (0) Gunshot wour			(handqur	1)	BETWEEN ONS	ET AND DEATH	
-			IMMEDIATE	DUE TO, OR AS A CONSEQUEN		No. of the last		-1		- 1	
			ony, which	(b)					1 100		
3		couse (a) stat	ting the under-	DUE TO, OR AS A CONSEQUEN	NCE OF	U 8.7					
		lying couse lo	ost.	(c)							
		PART 2 OTHER SIGNIFIC	CANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1 to					
	TION	19a. DATE OF OPE	PATION	The companion con which	ODED A TION LAW C DEE						
	MEDICAL CERTIFICATION	IVE. DATE OF OPE	ERATION	196. CONDITION FOR WHICH (PPERATION WAS PER	PORMED?			HEAD ONLY		
-	CER	218. EXTERNAL CA	_	216. TIME OF INJURY		URY OCCURRED IENT	ER NATURE OF INJURY IN IT	EM 18 PART I OR PA	ART 2)		
5	CAL	UNDERLYING CONTRIBUTING	XI OR CAUSE OF DE	14 9+ P.M. 6 25	86 self	inflicted					
	EDI	21d INJURY OCC	URRED	21e PLACE OF INJURY (AT HOA	ME, 211. LOCATION	V	CITY OR TOWN		DUNTY	67.475	
7	2	WHILE AT WORK	OT WHILE K	home		k Grove Ci				CO, MD.	
£,				of the remains described above, held	IV		Inquiry .	and in my o			
9		death resulted fr			W.		etermined monner		,		
7			11.	- M. W.		LE (SPECIFY)					
		ACTUAL SIGNATURE	Mour	& " regrell	м.р. А	ssistant ME	DICAL EXAMINER	DATE	6/26	/86	
7		EXAMINER'S NAM	0 M=	varita 7 Varall) = 7 1 · NO			
	(S)	(TYPE OR PRINT)		argarita A. Korell	ADDRE	55	enn St. I	Balto.M	D.		
	230.B	URIAL, CREMATION	N, REMOVAL 23t	DATE 23c. NAME OF	CEMETERY OF CREA	AATORY 23d	LOCATION TY OR TOWN	Z cou	NIY	STATE	
	24 5	INERAL DIRECTOR	0 6	-27-86 WESIVI	EW/E/	125a DATE BECCO	BY REGISTRAR 1256.	DATO	C	MD.	
	29.11	THE THE TOR	7 0%	LOD ADDRESS TO 1/	and a	- IIIN 2	1000	REGISTRAR'S	- Pondal	Ro.	
	//	HOMAS.	1:07	THUR 2807 HU	IDSON SI	, JOHO	1300 / "				



			500				OF MARYLAND				
10-	1852-3		FOR STATE REGISTRAR			CERTIF	EALTH AND MENTAL HY ICATE OF DEATH	8 D REG. N		d	0 0
	6.4		EASED NAME FIRS	1.1	MIDDLE	N	AST	70. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	moy be poge 3		An		R,		WAN		621	86	7 AM
	4 moy or, pog ofter de	3. SEX		4. RACE		S. DATE C		6 AGE TIN YEARS LAST BIR		INDER I YEAR	IF UNDER 24 HRS HOURS MIN
	Poge -		female	whit		6	28 44	41	YRS		
	4 P	C	THPLACE ISTATE OR FOREIG DUNITY) New York	U.S	S . A .	MARRIE		Anne	Arunde	1	MD.
5	200	1,	Crofton	173	SUCH FACILITY, GIVE STREET	een C	irother institution	(TYPE OF WORK FOR MOST C authori	OF WORKING LIFE)	INDUSTRY Sale	F BUSINESS OR
LAND 213	124 hour	13a S N	L RESIDENCE (IF NURSING HO	OME OR OTHER INSTITUTE COUNTY A.A. CO.	I30 CITY OR TO	NN On	13d INSIDE CITY LIMITS? YES NO	131 STREET ADDRESS 1 / 32 A D e	rdeen (Circ	14
MARYLA	ed within	T FA	Tomas	WIDDIE	Rodri	guez	Vi ^{FR} gin	ia MIDDLE		C h lê ^s	yne
BALTIMORE,	n aha co		AS DECEASED EVER IN U. (15) NO OR UNKNOWN) (15)	.S. ARMED FORCES YES, GIVE WAR OR DATES			Colin F.	McGowan s			
ST.	certificate ing physicia rebonpope in removo		18 CAUSE OF DEATH (En PART I. DEATH WAS C IMM	AUSEĎ BY NEDIATE CAUSE (0),	Meta	static	Breast	Cancer		7	Lars
W. PRESTON	by the ottend by the ottend sse remove co , cremation, o	300	Conditions, if ony, whi gove rise to immedia cause (o), stating t underlying cause lo	ich (b)	, OR AS A CONSEQU , OR AS A CONSEQU						
201	equires the n signed b Then pleas to burial, injury, or o	NO		(c),	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN	IN PART 110	
DIVISION OF VITAL RECORDS,	ne low range. hos been permit.	CERTIFICATION	9a Date of Operation			H OPERATIO	N WAS PERFORMED	YES NO	70b. IF YES, W IN CERTIFYIN YES [G CAUSES	
OF VIT	phys phys liffico lifto ol Hy		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OF DEATH HOUR	E OF INJURY A.M. MONTH [P.M.	DAY YEAR	71c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
VISION	G PHYSIC ottending ter this cert is the burion of the burion of the ded or the the ded or the the ded or the	MEDICAL	71d. INJURY OCCURRED WHILE NOT WHILE AT WORK	/AT HOME	CE OF INJURY . STREET, FACTORY, OFFICE	FARM, ETC)	ZII LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
٥	TTENDIN pitol or TOR: Afi for use o of Health		27a.1 certify that (1) (this saw the deceased of above (1) (we) (did) (c	We on	014 19	86 .01	nd that in (my) (our) apinio	n death occurred on the d	2 [19. late and hour as		that (1) (we) last causes stated
	AL OR A the hosp AL DIREC detoched ore Dept. T. If Item		776. SIGNATURE	s w Ci	leu	/	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	6/2	SIGNED
	retoined by the TO FUNERAL should be detoined the Stote IMPORTANT: If		E. W. C	OLE 19	,		77e ADDRESS	IN ST A	HNNAA	OLIS	Md
	5 5 5 4 × X	73a B	JRIAL, CREMATION, REM	OVAL 736. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		OUNTY	STATE
	BP		Burial	6-	-24-86	Lakem	ont Cemete	ry Davids	onvill	e A.	A. Md.
	DHMH - 16 50M 4/83 (VRA 15, 4)		NERAL DIRECTOR NAME ardesty Fu		1.2 F	idge]	v Ave. 250 D	JUN 25 1986	25b. REGISTRA	R'S SIGNATI	JRE
	(П	arucsty ru	11010111				011 7 0 1000	1//		

00-		0	0	5
•	(meral direction page 3)
CLANDALD	,		of the party of	to do do

DECEASED NAME

Male

BIRTHPLACE (STATE OR FOREIGN Maryland

0 CITY OR TOWN OF DEATH

(TYPE OR PRINT)

I. SEX

CERTIFICATION

MEDICAL

23a. BURIAI

morked or

If He

FIRST

RONALD

4 RACE

STATE OF MARYLAND FOR - STATE REGISTRAR

MIDDLE

GRE

Whit

76. CITIZEN OF WHAT

USA

DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8	REG. N	0.
LAST	20 DATE C	DE DEATH	MO

DEPARTM	CERTIFICATE OF		SIENE 8 D	NO.	5	ŏ	o E	DT
	LAST		20. DATE OF DEATH	MONTH	DAY	YEAR	2b HOL	JR
GORY 1	MEAGHER		JUNE	17	, 19	86	32.	3 PM
	5. DATE OF BIRTH		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDE	RIVEAR	IF UNDER	24 HRS
e	Jan. 12	42	44	YRS	MONTHS	DAYS	HOURS	M IN
COUNTRY?	8.		9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH		
	MARRIED NEVER	DIVORCED	ANNE	ARUNDE	EL CO	UNT	Y	MD

17a USUAL OCCUPATION

12b. KIND OF BUSINESS OR

STATE

GLEN BURNIE	NOR	TH ARUNDEL PROS	PITAL	Fire	ork for most of working to fighter	Balto.	City
	HOME OR OTHER INSTITU	ION GIVE RESIDENCE BEFORE ADMISSION	113d INSIDE CITY LIMITS?	A12. STREET	ADDRESS / 7IP COD	ve .	
Maryland	H.H	Baltimore			Seabreeze		21226

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

IS MOTHER'S MAIDEN NAME 4. FATHER'S NAME LAST MIDDLE MIDDLE LAST EIRST Hughes Philip Mildred G. Meagher 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO LYES. NO OR UNKNOWN

Geraldine Meagher, 7913 Seabreeze Dr. 21226 217-38-1503 No

	y one couse per line for (o), (b), and (c).1	BETWEEN ONSET AND DEAT
PART I. DEATH WAS CAUSED IMMEDIATE	CAUSE (0) (Crdio respiratory melt	
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c)	

90 DATE OF OPERATION	1% CONDITION FOR WHICH OPERAD	ION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	
			YES NO	YES [NG CAUSES OF DEATH
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF IN	IURY IN ITEM 18 PART I OR PART	21

HOUR A.M. YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER P.M. 211. LOCATION 21d IN JURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

NOT WHILE 22a 1 certify that (I) (this haspital) attended the deceased from

sow the deceased alive on oboys (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED

MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 77d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

BASANT K. KH	ANDELWAL, M.	D.	GLEN	BURNIE,	MARYLAND	21061
CREMATION REMOVAL	23b. DATE	23c NAM	NE OF CEMETERY OR CREA	AATORY 23d	LOCATION	

(SPECHFY) New Cathedral Cem. 6/20/86 Burial 24 FUNERAL DIRECTOR 21229

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

Baltimore Maryland

DHMH - 16 50M 4/83

0 r use as the burial-transit Health and Mental Hygi-OR ATTENDING

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE

FUNERAL Dould be deto MPORTANT BP.

DIRECTOR

(VRA 15, 4)

			eanon
(2.50/4)004			
Control singles below			
	ever starA		
report there		mila a dise	

0.0

STATE OF MARYEAN DEPARTMENT OF HEALTH AND MENTAL RYCLENE

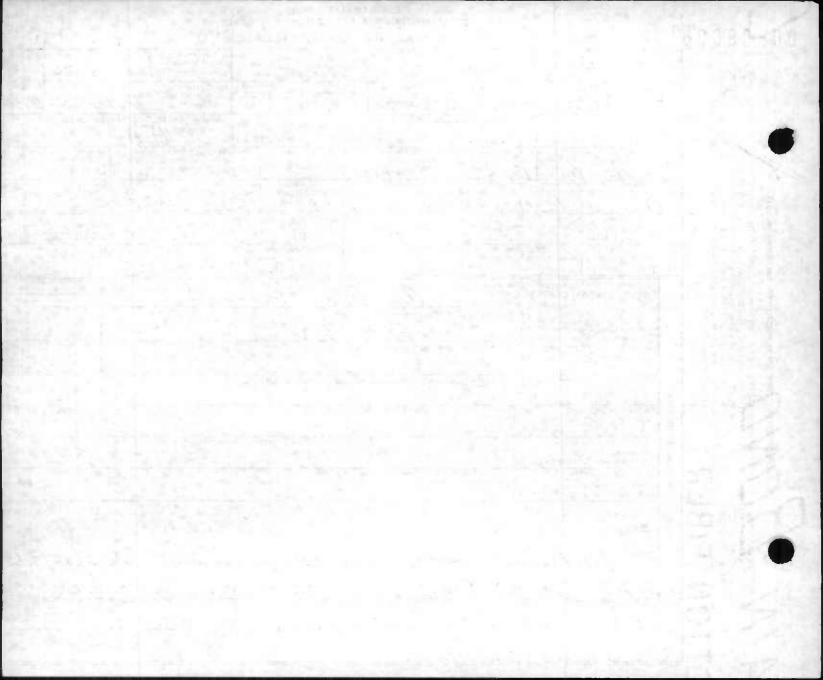
86 15868

6	1 -	FOR - STATE REGISTRAR	Catherine M. Michau June 16,1986 Le White S. DATE OF BIRTH MONTH DAY YEAR HOUSE YEAR HOUSE YEAR MONTH DAY HOUSE YEAR MONT	15868				
		OR PRINT)			LAST	TO DATE OF DEATH MON	TH DAY 5	YEAR O 26 COUR CO
		Catheri	ine M. Mic	hau		Jun	e 16,1	.986 M
	3. SE)	Х	4 RACE			6 AGE IN YEARS LAST BIRTHDAY		
		Female	White				YRS	
1	7a BI	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED			
1		Germany	U.S.A.	WIDOW	ED DIVORCED	l		1110
3	10 CI	Annapolis	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST OF WO	RKING LIFE) INDI	
5	USU/ 130. S	AL RESIDENCE HE NURSING HOME OF STATE 136 COUP Maryland Ann		ADMISSION)	1 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIF	ne Roa	d 21146
7		ATHER'S NAME	MIDDLE					
1		Carl	Michau	Sr.	Johanne I	Hoase		LASI
1			/E WAR OR DATES)		17 INFORMANT	ADDRESS		
/		no -	143-14	-064	1 A Herber	rt J. Micha		
		PART I. DEATH WAS CAUSE	DBY: (And stu	Vin	et Failure		0.5	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
		MMEDIA		ENCE OF		/ / ·)	
		Canditions, if any, which	(b) Athur D	clust	a Chroning Vas	cular declase		
		underlying cause lost.	DUE TO, OR AS A CONSEQUE	ENCE OF				
	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	MA LANG	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	ON GIVEN IN P	ART IIo
7	TIFICAT	19a DATE OF OPERATION	196 CONDITION FOR WHICH	ÓPERATIC	N WAS PERFORMED	20a AUTOPSY? 201 IN YES NO	IF YES, WERE CERTIFYING C YES [FINDINGS USED AUSES OF DEATH?
7		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	TEM TB PART 1 OR P	ART 2)
	MEDIC	21d INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION STREET	CITY OR TOWN	cou	NIY STATE
			tell attended the deceared from	211	2 10 8/2	10 10 11a	10 8	the A (1) (use) less
		sow the deceased alive on above, (I) (we tale) (did no	6/1/6 19	86 .		deoth occurred on the dote a	nd hour and fro	om the couses stoted
,		Maya aut	M Mulling 7	MP.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	_	DATE SIGNED
		224. PHYSICIAN'S NAME (TYPE O	DEPRINT)		122e ADDRESS	Stolani	Pul am	napolis
	23a. 8	BURIAL, CREMATION, REMOVAL	23b. DATE 23c 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	The last of	
SALAR RESIDENCE IF MURISHO CHOIC OCHER MORTHUING GIVE SENDER ADMASSOR) 136 STREET ADDRESS / ZIP CODE 300 Bowline Road 211 14 FATHER'S NAME 15 MOTHER'S MADEN NAME 16 MOTHER 16 MOTHER			4 171					
	_	UNERAL DIRECTOR		Ser	ema PRIDIDATI			

DHMH - 16 50M 4/83 (VRA 15, 4)

nedol . Active of p 1. 1 pr that the contract of the contr The state of the second of the or er country or state Description of the contract of

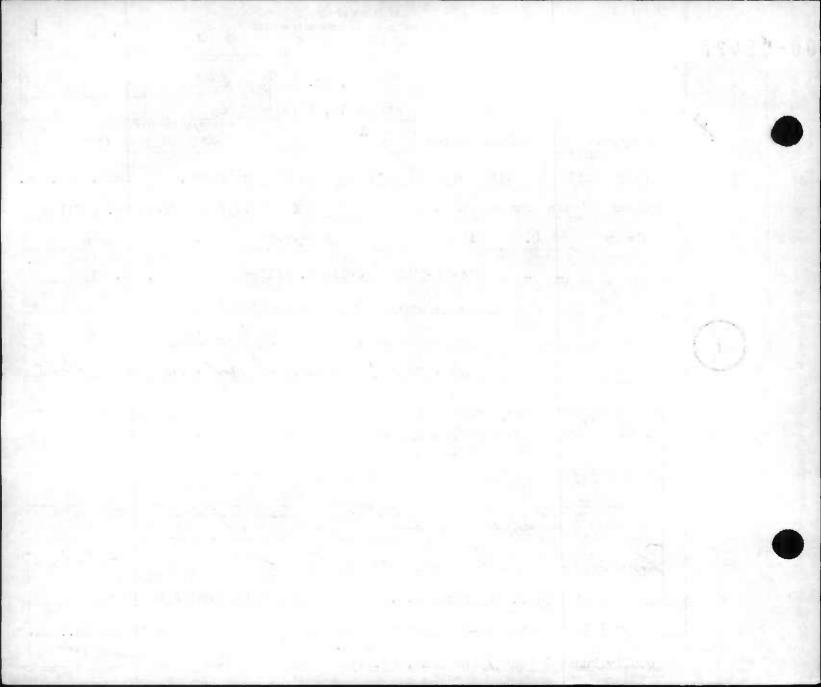
1	F	ne .		DEPARTMENT O	F HEALTH	AND MENTAL H	IYGIENE				4.7
9608		TATE EGISTRAR	M	EDICAL EXAMI			179 /	70 5	8	6	A
	DEC	ASED NAME A PER		MIDDLE	m	LAST	20 DATE KNOWN OF ESTI-	MONTH		YEAR	76. HOUR
-	770	Hlice			YEARS IF UN	ler	DEATH MATED	□ 6		1986 YEAR	2d HOUR
1.5	F	emale Cau	5. DATE OF BIRTI	YEAR LAST BIRTH	IOAY) NONT		24 HRS 2c. DATE PRONOUNCED DEAD	6		1982	20 HOUR
74		THPLACE INTATEOR	76. CITIZEN OF V	VHAT COUNTRY?	Ta.	- (D)	9 BALTIMORE CIT	Y OR COU			P / 3 M
1	Sc	uth Dakota	U.S.A		WIDOW	ED NEVER MARRI		TA	,		MD
10	8	OR TOWN OF DEATH		SPITAL, NURSING HO	ME, OR OTH	ER INSTITUTION	124 USUAL OCCUPATION FOR MOST OF WORKING LIFE)	(TYPE OF WORK	OR.	ND OF BU	RY
1/	1	BAGONA	/Bodkin	GIVE RESIDENCE BEFORE ADMIS	KYArc	/	Homemaker	=716	Own	Home	9
130	51	nd 136 C99	NTY A	13c. CITY OR TOWA	urnie.	13d INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS	AL	10/	52	,
14.	FAT	HER'S NAME	WIDOLE	LAST		15. MOTHER'S MAIDE	MIDOLE		0 .	LAST	
114-	n \A/	William AS DECEASED EVER IN U.S. AF	G.	Pinkert		Marie 17. INFORMANT	C.		Gust	afsor	n
100	{YES		E WAR OR DATES)	504-22-69		Duane F.					
-	_	B CAUSE OF DEATH (Enter or	nly one couse per li		00	Duane F.	militer Saille	as 13	API	PROXIMATE	INTERVAL
		PART I DEATH WAS CAUSE	D BY:	101 (0), (0), 0110(1).)	rdis	A	rrest.		BETW	VEEN ONSET	ANO DEATH
		IMMEDIA	(TE CAUSE (0) DUE TO, C	R AS A CONSEQUENC							
		Conditions, if ony, which gave rise to immediate		A	5.	C. VIJ	7.		13		200
	Н	cause (a) stating the <u>under</u> lying cause last.		R AS A CONSEQUENC	E OF						
	1		(c)								
2	23	PART 2 OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TE	RMINAL DISEASI	DR CONDITION GIVEN IN PA	RT I (a).			4	
ATTA	£ 1	190 DATE OF OPERATION	19b. CONE	DITION FOR WHICH OP	ERATION W	AS PERFORMED?			20. A	UTOPSY?	
CERTIFICATION	ž l								Y	res 🗌	NO O
		PIO EXTERNAL CAUSE WAS		OF INJURY M. MONTH DAY YE	AR 21c. HC	OW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM	A 18 PART 1 OR I	PART 2)	SEV	X
MEDICAL	2	CONTRIBUTING CAUSE OF	DEATH P.	M. 19							7.0
MED	MED	WHILE NOT WHILE		E OF INJURY (ATHOME, ACTORY, FARM, ETC.)		CATION	CITY OR TOWN	c	OUNTY		STATE
		AT WORK AT WORK									
		22a I certify that I took char	ge of the remoins d	escribed above, held an	Autop	sy , Inspection	n Inquiry .	and in my	opinion		
		death resulted from: Natu	urol couses 🔀	Accident .	Surcide	, Homicide .	Undetermined manner	⅃.			
-		ACTUAL /// //	· DO	1	^	Deputy		DATE	E _	1	1-1
1		SIGNATURE	and the same	JUN	M	D. Iquity	MEDICAL EXAMINER		VED (113/	
-	1	XAMINER'S NAME WILL	amm P. Jones	s, M.D.		ADDRESS 695 Amer	rica Ort. Davidso	nville,	Md.	21035	1
230	(5PE	RIAL, CREMATION, REMOVAL		23c. NAME OF C			23d LOCATION CITY OF TOWN	co	NUNTY	51/	ATE
1		Burial	17 June	86 Crowns	ville		Crownsville	<u>A</u>	.A.	M)
	-	NAME	AODRE			ZOO. DATE	REC'D. BY REGISTRAR 256 R	EGISTRAR'S	SIGNATI	HOADL	
	Ja	mes S. Kirkley	y Gien B	urnie MD.		~ 0,	1300	400	_		



9427	FOR STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	(GIENE 8 6 REG. NO.	5 8 7 O
0 7 2 1	1 DECEASED NAME FIRST	WIDOTE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
death	WALTON	L	MILLER Sr.	SR JUNE	12, 1986 407 A
نِ َ	3 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
· ~	Male	White	October 12, 1916	69 YRS	
- de	BIRTHPLACE (STATE OF FOREIGN		MADDIED NEVER MARRIED	BALTIMORE CITY OR COUN	ITY OF DEATH
35	Maryland		WIDOWED DIVORCED	ANNE ARUI	MO.
54	GLEN BURNIE	(IF NOT IN SUCH FACILITY, GIVE STE	REET ADDRESS)	TYPE OF WORK FOR MOST OF WORKING	GLIFE) INDUSTRY
35		DUNTY 136. CITY OR TO	FORE ADMISSION) DWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	DDE
520	14 FATHER'S NAME Henry	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO. L MILLER ST. R. JUNE 12, 1986 407 AN IL MILLER ST. R. JUNE 12, 1986 407 AN White October 12, 1916 69 YES CONTROL TO THE PRINCE OF BRITH OF THE PRINCE OF			
0	160 WAS DECEASED EVER IN U.S		CURITY NO. 17 INFORMANT	ADDRESS 16	54 Cornfield Rd.
med	(IF YE NO OR UNKNOWN)	214-01-	-5108 Julia M. M.		
prior to burial framentation on y injury, or come tradition	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSECUTION CONDITIONS CONTRIBUTING 1	Death But NOT RELATED TO THE TER		8 hvs ysam 8hvs given in part 1 o
0	190 DATE OF OPERATION 1910 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	Ryptures 216. TIME OF INJURY	Anenys > >	YES NOW IN CER	YES NO
alth and Mental Hygimarked or Itema 8 sh	GENERAL MOTIFY MEDICAL EXAM	P.M. 21e PLACE OF INJURY	71f LOCATION	CITY OR TOWN	COUNTY STATE
with the State Dept. of Healti		on at view the body after death. YPE OR PRINT) TINE J. PADUSSIS.	DEGREE ATTENDING PHYSICIAN 27e ADDRESS M. D. GLEN I	AEDICAL STAFF DIRECTOR PHYSICIAN D 7300 RITCHIE HICH BURNIE, MARYLAND	22c. DATE SIGNED
v ≥ ₹	23a BURIAL, CREMATION, REMO				COUNTY STATE
	Burial		arkwood Cemetery	Ba	ltimore Co., Md.
6 60M 7/B4	74 FUNERAL DIRECTOR		Mountain Rd.	ATE REC'D. BY REGISTRAR 256. REG	SAMPAGE SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

McCully Funeral Home / Pasadena, Md.21122



00=1

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MEN

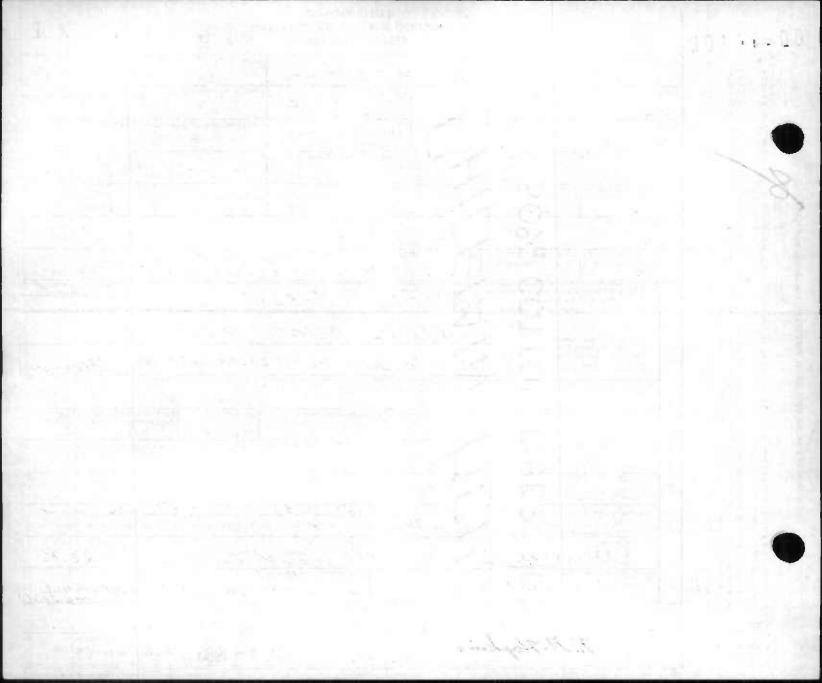
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 S	1	5	8	7
-----	---	---	---	---

ANNAPOLIS BAY MANOR NURSING HOME BRIDGE BUILDING FOREMAN USUAL RESIDENCE (IF MURSING HOME ON CHIEFENSTRUTION OF RESIDENCE REPORT ANNASON) ISOSTATE USUAL RESIDENCE (IF MURSING HOME ON CHIEFENSTRUTION OF RESIDENCE REPORT ANNASON) ISOSTATE IS	0 /									
		FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YE	AR 2b. HOUR	
(10)	140M	145	JEFFE	ERSON .	M17	CHELL	JUNE	. 27.8	6 7.15	
3. SE	X	4	RACE				6 AGE (IN YEARS LAST BE			
M	IALE		WHIT	E			88		DAYS	
70. B	IRTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8	_			TH	
			II C	7			ANNE ART	UNDEL		
		ATH 1					12a USUAL OCCUPAT	10N 125 KI	ND OF BUSINES	
			(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		TYPE OF WORK FOR MOST	OF WORKING LIFE) INDUS	STRY	
445						HOME			A RAILRO	
						13d. INSIDE CITY LIMITS?	4			
	MD.	A.A	•	SEVERNA	PARK	YES NO	668 CREEK	ROAD 21	146	
14. F/			IDDLE	1007						
J					ELL		MIDDLE	PALM	1F.R	
-						17 115 0 0 11 11 17	CHEED) ADDR			
- (WAR OR DATES)	216 10 2	518	(DAUC				
	NO	IV/ IS		210.10.2	210	MAS. DOROTHI	r. niggins	OF A PICTALL T		
	18. CAUSE OF DEATH Enter only one cause per line top(a), (b), and (c)									
ATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F	INDINGS USED	
E							YES NO		USES OF DEATH	
Ü					AV VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART 1 OR PA	RT 2)	
AL										
DIG			21e PLACE	OF INJURY			34.	200	tu.	
2		HILE	(AT HOME STE	REET, FACTORY, OFFICE,	FARM, ETC)	STREET	CITY OR TO	SWN COUN	TY STA	
			1) attended th	a daggered from		5:23: 10.86	. 6	27 . 10 86	that (I) (we	
				24. 19 8	20	, 17	death accurred on the c			
N.	abave, (1) (we)	did (did not)	view the body	after death.			attached on the c			
	Cul	YYU	ae M!)			MEDICAL STA		DATE SIGNED	
1	22d PHYSICIAN'S N.	AME (TYPE OR	PRINT)			22e ADDRESS #1-/6		C.A. C		
	C.V.	CYRI	IAC.			14WELLHA	- /	GLBNI	SURNIE	
	BURIAL, CREMATION,	REMOVAL	23b. DATE	23(.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	BURIAL		JULY 2	1986 F	ORT I.	INCOLN	BRENTWOO	D P.G.	MD.	
24 F	UNERAL DIRECTOR	4 44	JOHI Z	1200 1	U1/1 11.					
						25a DAT	TE REC'D BY REGISTRAD	275h REGISTDAD'S CIL	SNATHRE	
	SINGLETON	1. N.	Hopk	ADDRESS		7 11 10		RESISTRAR'S SIC		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

>	6	- 1	15	5.0	1	
3	REG NO	il	•	-		
	RECT NU					

1	FOR STATE REGISTRAR	DEPART		IEALTH AND MENTAL HYG	GIENE 8 6	5 8 7 2		
	ECEASED NAME FIRST	MIDDLE	1	AST	26 DATE OF DEATH MONTH D	AY YEAR 26 HOUR		
(146	PE OR PRINT) Willia	ım Alvin	Mitc	hell Sr.	6-3-86			
3 58	EX	4 RACE	5 DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 74 HR		
	Male	White	MONT	-6-1925 YEAR	60 YRS	ONTHS DATE HOURS MIR		
70 B	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	2 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH		
W	ashington DC	USA	WIDOWE	4 2	Anne Arundel	Co.		
) 10 0	Edgewater	11. NAME OF HOSPITAL, NURSIN 2207 Shore Dr	T ADDRESS)	DR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Sales Manager	12b. KIND OF BUSINESS CONDUSTRY Institution		
	STATE 136 COUN	other institution give residence before NTY 13c CITY OR TOV	WN	13d. INSIDE CITY LIMITS? YES NO 1	13. STREET ADDRESS / ZIP CODE 2207 Shore Dr	21037		
14. F	FATHER'S NAME	MIDDLE LAST	V	15 MOTHER'S MAIDEN NA		IZAL		
1	Ralp	h F. Mitchell	L	Josephin	e Ruth Pl	easant		
	WAS DECEASED EVER IN U.S. AR			17 INFORMANT	ADDRESS			
	(YES, NO OB UNIXAOWN) (IF YES GIV	578481042		Jessie JaN	Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT			
	Conditions, if any, which gave rise to immediate couse lat, stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	Cali		some leug			
NO O	PART 2 OTHER SIGNIFICANT	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN II						
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT OR PART 2)		
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
	22a. I certify that (II (this bessel saw the deceased alive an abave, (I) (we) (did) (did no 22b. SIGNATION 22b	1) view the body after death.		DEGREE 4:0 ATTENDING PHYSICIAN	death accurred on the date and haur MEDICAL STAFF DIRECTOR PHYSICIAN NUSLANCE LAN	6/4/86 4 AM		
	YADLA		- 412	7726-111	DNITANE	n-820706		
23a	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			emetery or crematory ont Cem.	Davidsonvill	eounta a Co. Mid		

DHMH - 16 60M 7/B4

BP.

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physici should be detoched for use as the burial-transit permit. Then please remave carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

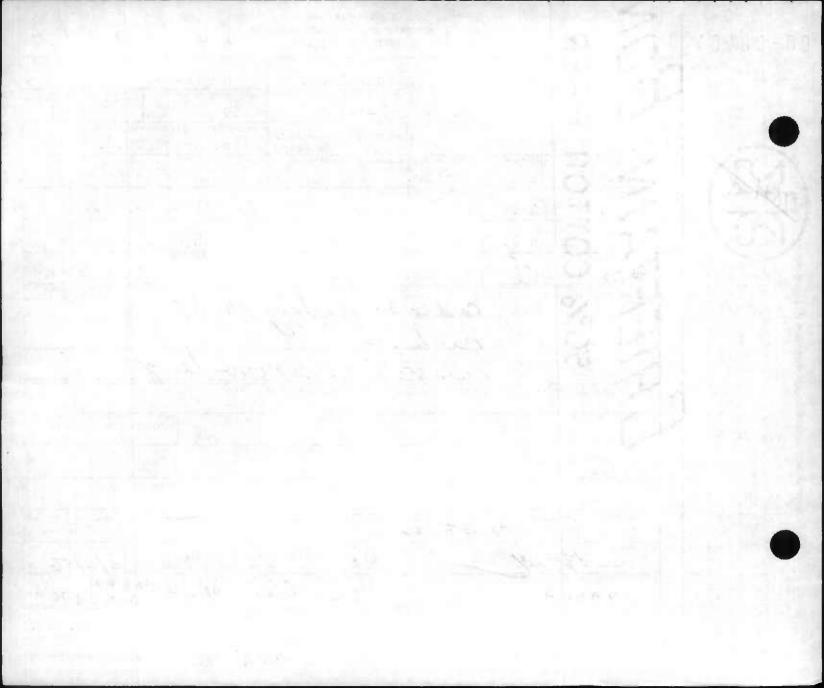
TO HOSPITAL OR ATTENDING PHYSICIAN: The

PA FUNERAL DIRECTOR
Hardesty Fineral Home (VRA 15, 4)

Annapolks Md.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
JUN 4 1986 Juna Dandon Am

Gulia Daydon Handalas



FOR

DHMH - 16 60M 7/B4 (VRA 15, 4)

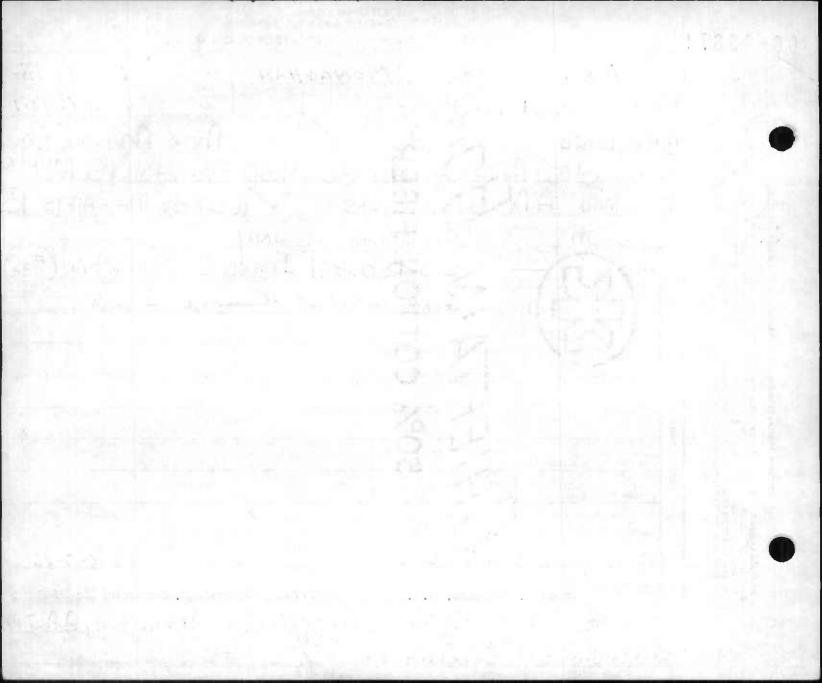
20 BINTESTINAL HEMORRHAGE NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [COUNTY STATE and that in (my) (and apinion death accurred an the date and hour and Irom the causes stated PHYSICIAN 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

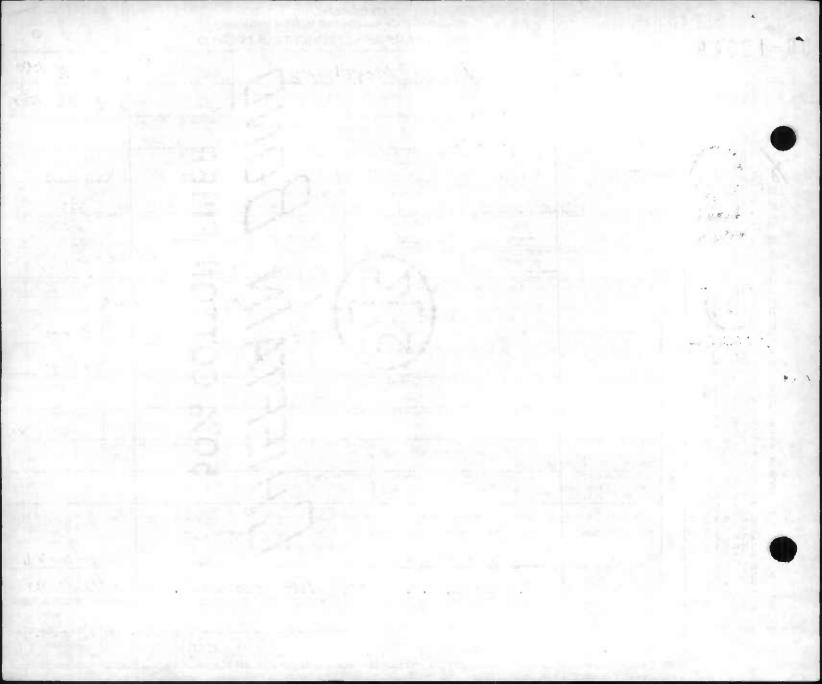
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NOTE AND SEE SHOULD BE SEEN TO BE SEEN THE STATE OF THE SEED OF TH THE REAL PROPERTY WAS A SECOND WAS A SECOND OF THE PARTY COLD STATE AND STATE AND STATE OF THE PARTY Auritative of Value State of the Course Heat Mayor Till Provide State of the second TO HOLD BY BY BY THE PARTY STORY OF THE STREET NO - A STEWARD FREE WE IN MISSIEN #18 Bert a company of the second o The Art 306 years with in the Turney treat median in LASTAN, STATEMON 1. A. 2. C. March 2000 (19 73. 4) THE RESERVE THE PROPERTY OF THE PARTY OF THE Manage and the second of the s The state of the s

	1	FOR	DEDARTME	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG	TEMP	
00-00071	1-	STATE REGISTRAR	MEDICAL EX		DE POLICE	5 8 7 4
00-03011	1. DE	CEASED NAME FIRST	WIDDIE	LAST	REG. NO.	H DAY YEAR 126 HOUR
WWW.	ITY	VERA	-1	MONAGHAN	OF ESTI-	, V/ Co.
REGERA	3 SE		5. DATE OF BIRTH 6	AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 I		
ECCSSARY, PLEASE INFRAL DIPECTIOR. FOR YOUR FILES WITHIN 72 HOURS PRESTON STREET.	Fe	male Cauca	- 10 10 -	AST BIRTHDAY) MONTHS DAYS HOURS MIL	PRONOUNCED 6	6 86 1857
T CESTO	7a B	RTHPLACE ISTATE OR	76. CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OF COLU	NTY OF DEATH
C STATE OF S	11	ARUZND	U.S. +	WIDOWED DIVORCED	il thre An	widel Como
2 H 2 H 2 H 2 H 2 H 2 H 2 H 2 H 2 H 2 H	100	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		USUAL OCCUPATION (TYPE OF WORLD	R 126 KIND OF BUILDING
100 mg	11-	innapol is	Hone How	indel Gen. Host). Secretare	SCHOOL
a 20358	130	AL RESIDENCE NIN NURSING HOME JATE 136 COUL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	TOWN 13d INSIDE CITY LIMITS?	STREET ADDRESS MO	2/40/ a
2 4 5 5 5 E	111	TACCHAID F	tith and Hu	navois yes NO 1	1650 ST. 111H	MEHIETS KO
MD STATE	III. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	NAME	LAST
S S S S S S S S S S S S S S S S S S S	160.	VAS DECEASED EVER IN U.S. AF	MED EODCESS THAT SOCIAL	DKING JENNI SECURITY NO. 17 INFORMANT	ADDRESS	
LTIM LTIM SESS SESS A			E WAR OR DATES)	-12-W 30 JAM	183 C MONE	Jah Au (#30)
R GINA	H		nly ane cause per line for (a), (b), ar	nd(c))	0.1.0.41	APPROXIMATE INTERVAL
ON ST. 24 HOL CONG SIENE, VAL		PART I DEATH WAS CAUSE	ED BY:	La la hartinal them	makelle - c	BETWEEN ONSET AND DEATH
		IMMEDIA	DUE TO, OR AS A CONSE	OUENCE OF		
WITHIN WITHIN NCIL IN WITHER A MINER A		Canditians, if any, which				
W WENT		cause (a) stating the under		DUENCE OF		
E EVA		lying cause last.	(c)			
RECORDS, 20 D BE EXECUT PENDING" IN MEDICAL EX MEDICAL EX MEDICAL EX MEDICAL EX MEDICAL EX MEDICAL EX CREMATION		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I	01.	
	CERTIFICATION					
	1 S	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED?		20 AUTOPSY?
WITAL WORD WORD WITCH	E S	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY	121. HOW INTERVOCCURRED A	ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR	YES NO NO
CERTIFICATE SH DITING THE WOR DED TO THE CO DEPARTMENT OF DEPARTMENT OF		INDERIVING DOP	HOUR A.M. MONTH DA	AY YEAR	NIER NATURE OF INJURY IN HEM 18 PART I OK	PART 2}
S CETTING THE REED TO SE 3 SHOULD TE DEPART OF PRIOR	MEDICAL	CONTRIBUTING CAUSE OF		19 at home, 21f. LOCATION		
D 公民成品出名	五	WHILE NOT WHILE I	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
INTERES						
A S S S S S S S S S S S S S S S S S S S			ge of the remains described above,			opinian
ANTHE SERVICE		, death resulted fram. Natu	oral causes 🕰 . Accident L		Indetermined manner,	
203273		ACTUAL SIGNATURE	5 6 There	TITLE (SPECIFY) M.D.	MEDICAL EXAMINER SIGN	E 6-7-86
SE S	1			m.b.	MEDICAL EXAMINER SIGN	NED B
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO PUNERAL DIRECTOR; P AFTER DEATH, WITH THE SI IN THE PER SHALLIMORE, MARYLAND; 3	1	(TYPE OR PRINT)	s E. Wheeler, M.	O. ADDRES 9116 Grem	bottom Rd. Crown	willo 21032
524548_	33e.8	L, CREMATION, REMOVAL			3d LOCATION 4	OUNTY A SOIE - A
07/84 BP		Durial	4-7-89 N	IEW CATHEDRAL (am. Irvinot	on, B.HUTIM
DHMH - 17	24 5	UNERAL DIRECTOR	-11 500s1 RIT	CHIE HUNDODATE REC	D. BY REGISTRAR 256 REGISTRAR'S	SIGNATURE
(VR A15 ME (5))		source t	-H. SEVERN	A PR. MD	1 (360) July Danie	a Thicken
				31146	U .	# colors

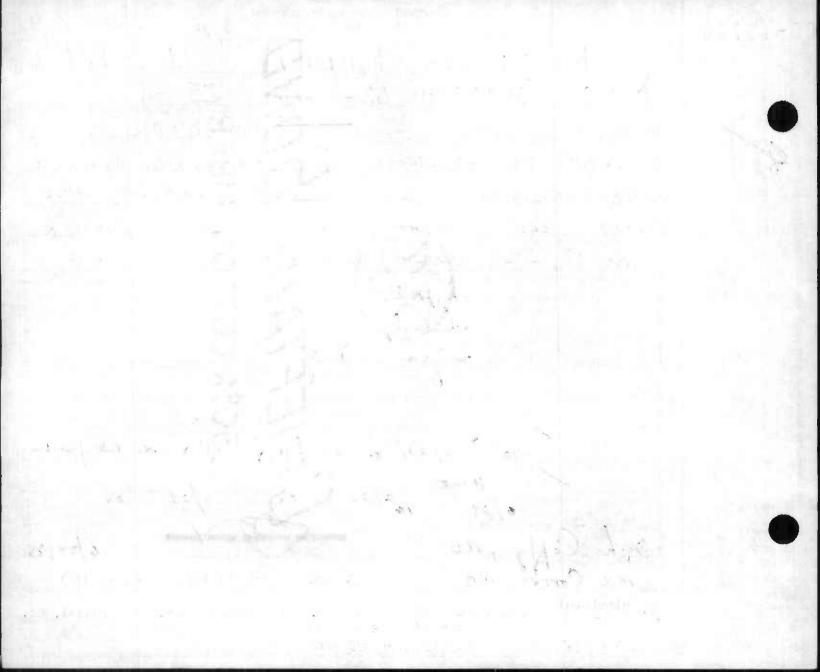


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR TA DATE KNOWN L DECEASED NAME HOUR (TYPE OR PRINT) OF ESTI-1000 19 86 HLICE DEATH MATED JULIAY IS NECESSARY, PLEA TO THE FUNRAL DIRECTIC N PAGE 5 FOR YOUR FILE BEFILED TO SOL 4 RACE 3 SEX DATE OF BIRTH IF UNDER 24 HRS. 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 105× Aug. 25, 1923 DEAD Female White 62 THE BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U. S. A. Maryland WIDOWED T DIVORCED Anne Arundel IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 175 KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Annapolis Anne Arundel General Hospital 3. RETAIN PA SHOULD BEFA ALREGORDS. Housewife Own Home USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 591 Owensville Rd/ 20776 Maryland Harwood Anne Arundel 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME Charles Windsor Martha Thomas 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166. SOCIAL SECURITY NO 17 INFORMANT 591 Owensville Road. (YES, NO, OR UNKNOWN) No Ruth Evelyn Ridgley-Harwood, Md. 20776 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF E USED AS A BURIAL - TRAINER TOF HEALTH AND MENTAL URIAL, CREMATION, OR REMAINER Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E CHIEF BE USED TO MEDICAL EXAMINER: THIS CERTIFICATE SHOIL EXECUTE THE CRETIFICATE, WRITING THE WORD PORCE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFEE DEART MENT THE STATE DEPARTMENT, OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURILA YES -NO K 71a. EXTERNAL CAUSE WAS 216. TIME OF INJURY THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 71e PLACE OF INJURY II LOCATION STREET, FACTORY, FARM, ETC.) CITY OF LOWN COUNTY STATE WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Natural couses Undetermined manner death resulted fram: Accident Suicide Hamicide L TITLE (SPECIFY) ACTUAL Deputy SIGNATURE MEDICAL EXAMINER ADDRESS 1116 Gumbottom Rd. Crownsville 21032 EXAMINER'S NAME James E. Wheeler, M.D. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 73c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial STATE 6/11/86 Cedar Hill Cemetery Suitland 07/84 BP 4 FUNERAL DIRECTOR Upper Marlboro, Maryland 20772 DHMH - 17 Richard A. Coleman Funeral JUN 24 1986 (VR A15 ME (5)) Home



00-180

				STATE OF MA	RYLAND					
180708	1 -	FOR STATE REGISTRAR	DEPAR	CERTIFICATE		£ A 6	G. NO.	1 5	3 7 6	5
y be age 3 death	(TYPE	CEASED NAME PIRST	My Lee	Muy	phy	20. DATE OF DEA	DL	24	86 1331	4
rectar. po	3 SEX	Male	Casia	5. DATE OF BIRTH	23-761	6 AGE (IN YEARS)	5 YRS		DAYS HOURS MI	25 N.
كالكار	N	RTHPLACE (STATE OR FOREIGN OUNTRY) TY OR TOWN OF DEATH	USA NAME OF HOSPITAL NURS	MARRIED NEW	DIVORCED	ANNE A	RUND	ELC	0.	MD.
100	1.	ASADENA	(IF NOT IN SUCH FACILITY, GIVE STREET	TREET		AUTO TEC		LIFE) INDU	TOMOTIVE	-
435	13a. S	TATE 136 COU	NTY ISC CITY OF TO	DENA YES	DE CITY LIMITS? NO X HER'S MAIDEN NAM	130 STREET ADDR 716 214	ESS ZIP CO	DE EET	21122	
1000		ROBERT IN U.S. AF	MIDDLE MURP RMED FORCES? 186 SOCIAL SEC	HY D	OROTHY	LE	DDRESS	DU	NNOCK	
cian and ci		ES NO OR UNKNOWN) (IF YES GI	216–60	-9499 DOR	OTHY L. T		SAME		# 13	
ng physical	7	PART, I. DEATH WAS CAUS	TE CAUSE (a)	nic.				BET	PPROXIMATE INTERVAL WEEN ONSET AND DEAT	Н
the attend e remove co cremation, a		Canditians, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	due to, or as a conseo	MINY						
signed that the please roburial, cre	NO		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT REL	ATED TO THE TERMI	NAL DISEASE OR	CONDITION	GIVEN IN PA	RT Ira	-
on. hos been t permit T ene prior.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PE	ERFORMED	200 AUTOPSY	IN CER		INDINGS USED USES OF DEATH?	
g physicing physicing certificate rial-transitional hygintem 18 sh	ICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR M MONTH	216 HO	P4. Lu	Jaco L	I MATI MI YAULMI A	. 1		
of the bull of the orked or the	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	120 PLACE OF INJURY (AT HOME, STREET FACTORY OFFICE		CATION	CITY	OR TOWN	COUN	STATE	
attendi aspital or ECTOR: A d for use t. of Heal		sow the deceased alive or	oital) attended the deceased from 2 19. at) view the bady after death.	Y6 and that in	(my) (aur) apınıs	th occurred on	he date and h			ast
by the hos ERAL DIREC e detached State Dept.	(THE PHOSICIAN'S NAME ITEM	fy no	DEGREE CI		IRECTOR P		226	6/24/8	4
TO HOSPITAL etained by th TO FUNERAL should be det with the State	22.	M.L. CoF	rey, mo	UNI	VERSITY 1	MD HOSP		BALTO	DM,	
ВР		URIAL CREMATION, REMOVAL SPECEVIEN TO TO THE TOTAL BURIAL	2 1-06	NAME OF CEMETERY	Mem. Park	Glen B	rnie, A		rundel, M	d.
DHMH - 16 60M 7/84 (VRA 15, 4)	M	INERAL DIRECTOR CULLY FUNERAL	ADDRESS	ENA, MD	21122 JU	N 2 7 19		La man do	SNATURE	



0-1	1225	1.	FOR STATE REGISTRAR		DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	SIENE 8 6		5 8	7 7
2	200		CEASED NAME CEC	e/ia mio	DLE	Nak	ielny		MONTH DAY		26 HOUR 5. M
(DW * 40	(8)	3. SE	Female	4 RACE Whi	lte	5. DATE O		6 AGE (IN YEARS LAST BIRT	MONT YRS.	INDER I YEAR	IF UNDER 24 HRS
0			RTHPLACE (STATE OR FOREIGN DUNIRY) Jersey	76. CITIZEN OF WE		MARRIED WIDOWE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF		MD.
o offer	The state of		nnapolis				en. Hosp.	12a USUAL OCCUPATION Seamstre	ON F WORKING LIFE)	126. KIND OF	ments
24. hinu	33	Usu 130 Ma	AL RESIDENCE (IF NURSING HOME STATE 136 ACO	ANTY CO.	Severna		13d INSIDE CITY LIMITS?	13. BRES ADDRESS A	drews	Gart	h 2114
MAKTI	mpletely and 2 se	14. F	THER'S NAME John	WIDDLE	otowsk:	i	15. MOTHER'S MAIDEN NA		W	ujeks	
MOKE,	Poge ,		VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, C		147-03) Phyllis	Peters	SS (Above)	
r., BALI	physicion npopers. movol. vent, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED IN THE PART II. DEATH WAS CAUSED IN THE PART IN THE	anly ane cause per lin SED BY: ATE CAUSE (0)	e for (a), (b), and	D DL	lunez an	est		APPROXIA BETWEEN O	MATE INTERVAL
soon cert	e attending move corbo lation, ar re froumotic e		Canditions, if any, which		S A CONSEQUE	NCE OF	moundel				
W. PKE	by the assertements, cremati		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR A	S A CONSEQUE		, ,				
RDS, 201	Then pled to buriol	NO	PART 2. OTHER SIGNIFICAN	CONDITIONS CON	TRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN	IN PART Ita	
ON OF VITAL RECORDS, IYSICIAN: The low requir	has been prior ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	all Br	OPERATION	by Struck	200 AUTOPSY?	20b. IF YES, WIN CERTIFYING		
CIAN: TI physicia	ol-tronsition Hyginal Bah		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	PAIN	NJURY MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)	
4YS)	Mer H	DICAL	21d INJURY OCCURRED	21e. PLACE OF	INJURY	. 17	211 LOCATION				

(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE AT WORK 6/21/16 22a | certify that (1) (the hospital) attended the deceased from. saw the deceased alive an above, (1) (ma) (did) (did not view the body after death. and that in (my) (aum) apinion death occurred on the date and hour and fram the causes stated 226 SIGNATUR DEGREE 220 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 30

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

23a BURIAL, CREMATION, REMOVAL (SPECIF Burial 7-3-86

St. Mary's Cem.

23d LOCATION E. Brunswick, Millesex 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

Barranco F.H. 501 Ritchie Hwy.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO THE REPORT OF THE PARTY OF T oli isbauch san. uthermall secrement oron or is to make the milesense - Mi Branch V. Lett. 12 . December 1 dolls of set of carto silled Cancer wester FIT at Calef-Calcut ti segge, at the state in the second

10+1 10= n	8687	, 1	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTA CERTIFICATE OF DEATI		5 8 7 _{EDT} 8
ų.	w £		PECEASED NAME FIRST	MIDDLE	ODD TEN	20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR
oy 6	poge 3		WILLIAM	HENRY	OBRIEN		1986 6 PN
4 E	offer p		SEX	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	ONTHS DAYS HOURS MIN.
1	urs o	4	Male	White	February 11.1		
	772 ho	70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIE	9 BALTIMORE CITY OR COUNTY	
1	5 -		Massachusetts	United States	WIDOWED DIVORCE		
NAI!	by the fu	1 10	GLEN BURNIE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREY NORTH ARUND)	ING HOME OR OTHER INSTITUTION TADDRESS) EL HOSPITAL	200 USUAL OCCUPATION (179E OF WORK FOR MOST OF WORKING LIFE Sheet-Metal Med)	12b KIND OF BUSINESS OR INDUSTRY hanic, Construct
n 24 hou	falled in nould be must be	136	Maryland Anne	or other institution give residence before INTY Arundel Orchard	Beach YES NO.	8223 Box Dr./	21226
ad with		14	FATHER'S NAME FIRST John	o"Brien	15. MOTHER'S MAID Madel	MIDDLE	ortimer
to the	9-7-79	160	WAS DECEASED EVER IN U.S. A		URITY NO. 17 INFORMANT	ADDRESS	
) ×	Pog medi		YES NO OR UNKNOWN) (IF YES, G	W. II 220-12-	4983 Ella M.	O'Brien / 8223 Box D	rive. (21226)
us, cal w. Frestone St.,	signed by the attending physici hen please remove carbon paper to burial, cremation, ar removal. jury, or other traumatic event, th	2	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEO	DENCE OF DEATH BUT NOT RELATED TO TH	Duy disease ATOL	nente NIN PART TIO
The low required	has been permit. T ene prior	CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	YES NO YES	
AN	00 0 T 80			216, TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)
G PHYSICI	After this certified of the buriol-the of the buriol-the of the ord Mentol marked or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK		19 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
K ATTENDIN			sow the deceased alive a above, (I) (we) (did) (did n	n 19 19 att view the bady after death.	(and that in (my) aur)	opinion death accurred on the date and hour	
Al Ok the ho	FUNERAL DIRECTOR: uld be detached for us the State Dept. of He ORTANT: If them 21 is		226. SIGNATURE	e a. Marins	MD , ATTENE	DING MEDICAL STAFF CIAN DIRECTOR PHYSICIAN	270 DATE SIGNED
SPIT d by	should be der with the State		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	8667 FT SMALLWOOD	ROAD
O HOSE	should be with the SIMPORTA		CHRISTINE	A. MARINO, M.D.	PASA	ADENA, MARYLAND 21122	
5 ş	F 4 3 3 -	230	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMA		COUNTY STATE
BP.			Burial	June 7,86 G1	en Haven Mem. P	erk Glen Burnie, An	
	- 16 60M 7/84 /RA 15, 4)	24	FUNERAL DIRECTOR NAME McCully Funera		ntain Rd.		

All Totals Inch and the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

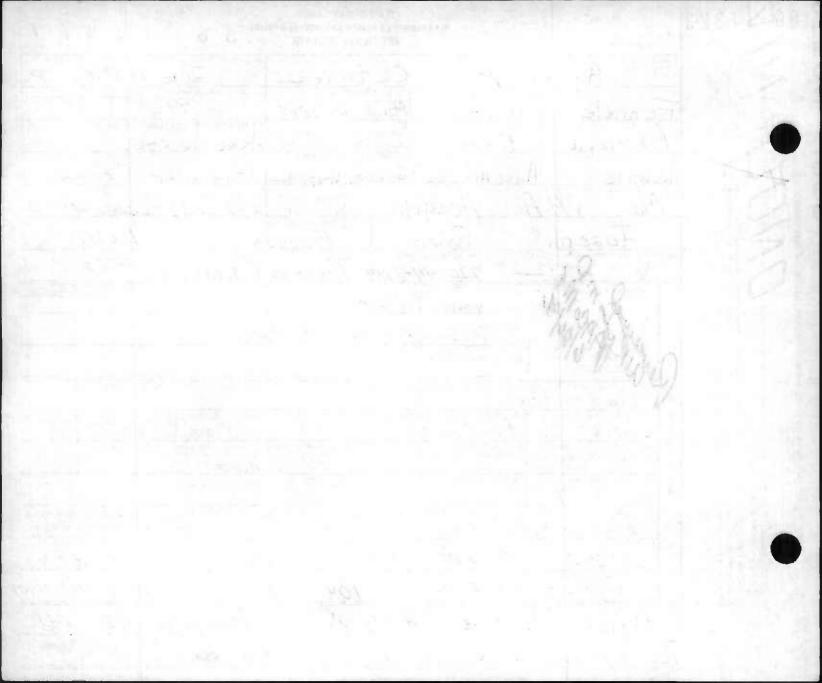
0

00-11323

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

- STATE



-											MARYLA									
000-	00000		FOR STATE					DEPAR	TMENT O	F HEAL	TH AND M	NENTAL H	TYGIEN	5 4		8	5	8	8	U
U U -	09030		REGISTRAR				ME	DICA	LEXAMI	NER'S	CERTIFI	CATE	OF DE	AH O	REG.	NO.	2	U	1	
		1. DE	CEASED NAME	1	FIRST			MIDDLE			LAST			20 DATE	KNOWN	V M	ONTH		YEAR	76 HOUR
	₩ ~ X ⊢ .	TYP	E OR PRINT)	200	MA	OV			7	12'	SHE	^		OF	ESTI- MATED	4-	1	V	86	0206
	REE SEE	3 SEX		1 RACE	MA	5 DATE	OF BIRTH		6. AGE (IN	YEARS IF	JHE!	IF UNDER	24 HRS	2c. DATE			HTMC	DAY	YEAR	2d HOUI
	ST ST			Whit	te	May	12°	1938			NTHS DAYS	HOURS	MIN.	PRONOUN	ICED			- 1		2010
	A NO		RTHPLACE IST						10	YRS.				DE AD			6	19		0109
-	SE ESTA		estiand	ATE OR		70. CITI2	U.S.		UNIRY?	MAF	RRIED D N	EVER MARR	IED 🗆	9 BALTIM	ORE CIT	Y OR CO	DUNTY	OF DEA	TH	
	S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D, WITHIN 72 HOURS WARESON STREET,				200						WED 🚜	DIVOR			e Ar					MD
W)	A AND 3 TO THE FUN 3. RETAIN PAGE 5 F SHOULD BEFILED. WILLEGORIS, 201 W.		TY OR TOWN		TH				JURSING HO			JTION		JAL OCCU		TYPE OF W	WORK 12h	ORIN	OF BUS	INESS
Ayt	APEA BY		Annapol	18		"AI	me A	runa	el"Gen	eral	Hosp.		108	ecret	ary		G	over	nme	nt
- / -	NO N		L RESIDENCE								1		1							-
21201	A SEGEN Y	Ma	Fyland		3AANE"	YArur	ndel		napoli		13d INSIDE	CITY LIMITS?	139 218	Nept	ssune	Pla	ce	2140)1	
	F 4. 8. 9.	14 E/	THER'S NAME					711.1	Tapo 11	0		IER'S MAID	10	1						
2	DEATH.		Alexand	er		MIDOLE			McTrus	tv		l'l'en	ELA LAWANE	M	IDDLE	. 1	Unkn	LAST		
08		17. 17	VAS DECEASE	CVCD II	1115 454	100.000	CATA		OCIAL SECUE		17 INFOR			-	4000					
BALTIMORE, MD.	H 2882 X	100. Y	VAS DECEASED	WN)	(IF YES, GIVE V	WAR OR DA	TES)		352-				1.01		ADDĶI	255 AT	nnap	2115	5 , IV	a.
- ¥	A E E A				Ø1			17'))	7701	Math	leem () 'She	a-Car	ter	1148	3 Ne	ptun	ie P	lace
3	CURS CURS		18. CAUSE OF	DEATH	(Enter onl	ly one car	use per line	for (a),	(b), and (c).)		4 1							APPRO	NONSET	INTERVAL AND DEATH
is Z	24 HOU ONIG SIER VAI		PARTIDE		S CAUSED IMMEDIAT		(0)		Rusi	1. 7	aclus	-c					1 5			
0	124 ITE							AS A CO	ONSEQUENC	E OF							3.44	77.7		
2	ER INSIN		Condition			1	41.5			1.1.	30-64	1	1 A	= 1	-/01					
Α.	NA TRANS		couse (a)		mmediate the under-	10	(b) UF TO OR	AS A CC	ONSEQUENC		1			C 0	.,				1	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HIS. WRITING THE WORD. "PENDING". IN PENCIL IN ITEM WARDED TO THE CHIEF MEDICAL EXAMINER ALON PAGE 3 SHOULD BE USED AS A BURIAL "PRANSIL PER STATE DEPARTMENT OF HEALTH AND MENTAL HYGIE." 21201 PROR TO BURIAL, CREMATION, OR REMOVA	20	lying cou	e lost.		1						to a a	4	1						
8,3	ECU NO NE		PART 2 OTHER SIG	NIEICANT	CONDITIONS	CONTRIBUTU	(c)	DUT NOT D	FI 1750 TO THE T			me	/45	7						
2	A P S C S E S S S S S S S S S S S S S S S S	z	TAKT 2 OTHER HE	MILICARI	COMUITIONS	CONTRIBUTE	NO TO UTAIN	BUT NUT KI	ELAIEU IU INE II	KMINAL UISE	ASE OR CONDITIO	UN GIYEN IN PA	irt I (a).							
E C	A SELL	CERTIFICATION	19a DATE OF	OBCDAT	1011	15														
4	SHOULD ORD "PE CHIEF A CHIEF A E USED / TOF HE	₫	198 DATE OF	OFERAI	ION	1	90. CONDI	IION FO	R WHICH OP	EKATION	WAS PERFO	KMED?					- 1	20 AUT	OPSY?	
Z.	¥895587	1	1100000																	NO K
9	A PER	8	210 EXTERNA				HOUR A.M		H DAY YE	AR 21c.	HOW INJUR	Y OCCURRE	D (ENTER	NATURE OF INJ	URY IN ITEM	18 PART 1	OR PART 2	1		
NO	STOOP S	CAL	UNDERLYING CONTRIBUTIN	iG 🗆 či	AUSE OF D	DEATH	P.M		19											
/Si	PR SF	MEDICAL	21d. INJURY O	CCURRE	D	2	STREET, FAC	OF INJUR	RY (AT HOME,	21f. L	OCATION						1000		,11	
5	THIS CERT WARDED WARDED PAGE 3 SI TATE DEP	×	WHILE AT WORK	NOTV	VHILE _		SIREEI, FAC	IORY, FARM	(EIC)		SIKEEI			CITY OR TO	VN		COUNT	'		STATE
	JER: THI CATE, W FORWA OR: PAC THE STAT												D							
	A SOSES		22a. I certif	y that I t	look charge	e of the r	emoins des	scribed a	bove, held on	Auto	opsy L.,	Inspectio	n 🔀.	Inquiry	Ш	ond in a	my opinie	an		
	MER DE		deoth resulte	d from:	Noture	ol causes	L)84	Acciden	nt L.J,	Suicide _	, Hom	icide .	Undet	ermined mo	nner					
	A V S S S S S S S S S S S S S S S S S S		ACTUAL	1	7		6	110	,		TITLE (SPECIFY)								121
	AHONE -		SIGNATURE_	-	1-		2 /	16	-h		M.D		MED	ICAL EXAM	INER	S	DATE SIGNED_	6.	8	-86
	DE A SI	1 1 1	EVALUEDIC A	14445	-	_	1111		4. 0											
	# 5 H 5 E		EXAMINER'S I	T)	James	Ċ.	Whee	ler,	M.D.		_ADDRESS_	116 9	umbo	ttom 1	kd. (row	nsvi	lle	210	132
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTE DEATH, WITH THE STANDORF, MARYLAND, 2	23e.B	JRIAL, CREMAT	ION, RE	MOVAL 2	3b DATE		230	NAME OF C	EMETERY	OR CREMAT	ORY	23d. LC	CATION						
07/B4		C	PECIFY) Cemation	1	J	June	9,19	36	Securi	tv Pr	COCESS	Tne		tonsv	ille		Ma	rvla	stat m d	I E
25M	0,		JNERAL DIREC							., - 1	2000	25e. DATE	REC'D. BY	REGISTRA	R 256 RE	EGISTRA	AR'S SIGI	NATURE	100	8-
	DHMH - 17 (VR A15 ME (5))	Mc	cully F	uner	al Ho	ome N	Tt. ADDRESS	Tic	k Neck	Rds.			UN 1	0 195	1 1		Touride			
	,						125	aden	a. Mar	viano	1	1 .1	1 W 13		N. P.					

enichal I de la marchane de la constante de la

ρρ-09867	FOR STATE REGISTRAR	DEPARTMENT OF HE	ALTH AND MENTAL HYGIEI CATE OF DEATH	NE 8 6	5 8 8 30
noy be page 3	1. DECEASED NAME (TYPE OR PRINT) GERTRU	DE Mary OS	TERMAN 2	o DATE OF DEATH MONTH	15, 1985 150 _M
e 4 may ctor, pa	3. SEX Female	White 5. DATE OF MONTH	BIRTH 6. DAY YEAR 19. 1892	AGE (IN YEARS LAST BIRTHDAY) 93 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
oth. Pog	76. BIRTHPLACE (STATE OF FOREIGN COUNTRY) Maryland	26 CITIZEN OF WHAT COUNTRY? 8	□ NEVER MARRIED □ 9	BALTIMORE CITY OR COUNT	INDEL COUNTY MD
10 4	10 CITY OR TOWN OF DEATH GLEN BURNIE	11. NAME OF HOSPITAL, NURSING HOME OR	OTHER INSTITUTION IS	usual occupation type of work for most of working Self-employed	126. KIND OF BUSINESS OR INDUSTRY Restaurant
ND 212	13a. STATE 13b. COU		13d. INSIDE CITY LIMITS?	e STREET ADDRESS 924 Pierpont D	
MARYLA ompletely of 2 sh	14 FATHER'S NAME FIRST Daniel	McNulty	on Mother's MAIDEN NAME FIRST Catherine	WIDDLE	Denread
BALTIMORE, cole be executed by system and colors. Pages worl. 11, the medical in, the medical in the medical i	160. WAS DECEASED EVER IN U.S. A (YES NOOR UNKNOWN) NO (IF YES, G	RMED FORCES? 166 SOCIAL SECURITY NO. NE WAR OR DATES) 220-22-8656	Jacqueline W		O BeardsHill Rd. erdeen,Md.21001
that the death certification is the death certification of by the attending photose remove carbone id, cremation, or remain ar other traumatic ever	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA) Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	ed du	n pho	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CON LESSONS OLUMBER OF THE PROXIMATE INTERVAL OLUMBER OLUMBER
TAL RECORDS, 2. The law requires ician. The has been signe as the property of giene prior to bur shows any injury,	196. DATE OF OPERATION C	D. JX, JU	Mas Jesson Lottle	AL DISTAGE OR CONDESS OF THE CONTROL	ES. WERE FINDINGS USED TYPING CAUSES OF DEATH? NO O
C PHYSICIAN: The certificate on differential physicians the buriol-transit and Mental Hygin ked or item 18 sho	THE PUBLISHED COURSED OF CONTRIBUTING CAUSE OF DE STANDARD THE STANDARD COCCURRED AND CONTRIBUTING CAUSE CO. AND COMPANY OF COMPANY AND COMPANY OF COMPANY AND COMPANY	TATH HOUR A.M. MONTH DAY YEAR	TH LOCATION STREET	city of Toley	COUNTY STATE
OR ATTENDI e haspital ar DIRECTOR: A ched far use cept. of Heal	sow the deceased plive of	of: view the barty after death.	1 that in imy (our) opinion del	orth occurred on the date and hi	19 So that (It (we) last our and from the causes stated
TO HOSPITAL (retoined by the TO FUNERAL I should be deto with the Stote I IMPORTANT: If	EM PHYSICIAN'S NAME THE HILAD M.	ZANOSO, M.D.	PHYSICIAN Z	DIRECTOR D PHYSICIAN D 5411 OLD FREDE ORE, MARYLAND	RICK ROAD
BP	236 BURIAL CREMATION REACOVA (SPECIFIC BURIAL)	June 18,86 Glen Hay	en Mem Park	Glen Burnie, An	ne Arundel Md.
DHMH - 16 50M 4/82 (VRA 15, 4)	McCully Funera	1 Home /Pasadena, Md.	11111	1 9 1986	DOMESHON THE

to a state of the second state of the second TOUR LEVEL WELL Y The Ville W ACTION OF THE LINE OF THE PARTY FRA AND CONTRACTOR OF THE SECOND STREET, STREE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

				de	
2	1	5	53	- 8	- 4
G. NO.		2	U	0	6
REG. NO.					

			erfield **	PAR	RKER,	2s. DATE OF DEATH	6 23	100 400 100	> 200
1	3. SEX	M	RACE	5. DATE	OF BIRTH	& AGE THYTABLAND	THE(4Y) P	FUNCER TENE	-
6		Maryland	USA	COUNTRY? I MARRIE WIDOW	EDXX NEVER MARRIED	Anne Arus		OF DEATH	
1	An	napolis	Anne Arur	ndel Genera		120 USUAL OCCUPATE (1101 OF WORK PORMOST O Custodian	A MORKINO TAS	12h, KIND OF B INDUSTRY	USTNE
35	Mar	yland Ar	county 13, c	ITY OR TOWN	YES NO SE	13+ STREET ADDRESS 4082 Muddy		Rd. 2	103
12	1	hesterfield	маск Ра	arker	13 MOTHER'S MAIDEN NA	WEDIE		Sharps	
/sedico/		THE SECOND SECTION AND ADDRESS OF THE PARTY	TES, GIVE WAR OR DATES:	18-14-2179	Mary Parker	4082 Muddy			
troundic		Conditions, if any, who gave rise to immedi-	nich (b)	CONSEQUENCE OF	,	13452		33	OF BUSINESS OF
r to burnol, cramation, or injury, or other traumatic	NON	Conditions, if any, white gave rise to immedia course (of, stating underlying couse to	oth the DUE TO, OR AS A	L CONSEQUENCE OF	T NOT RELATED TO THE TERM	M8NAL DISEASE OR CON	DITION GIVEN	N IN PART, I III	
nene prior to burini, cramation, or vision to any injury, or other troundtic	TIFICATION	Conditions, if any, whigher rise to immedicate to the stating underlying couse in PART 2. OTHER SIGNIFIC	oth by DUE TO, OR AS A DUE TO,	L CONSEQUENCE OF		70s AUTOPSY?	20s. IF YES, Y	WERE FINDINGS	
into Hygiene prior to buriol, cremotion, or view 18 shows any injury, or other translatic	0	Conditions, if ony, which gave rise to immediately some for storing underlying couse to PART 2 OTHER SIGNIFIC REMARKS	DUE TO, OR AS A OST. CANT CONDITIONS CONTRI THE THE CONDITION	CONSEQUENCE OF	ON WAS PERFORMED	78s AUTOPSY?	3th IF YES, 1 IN CERTIFY! YES	WERE FINDINGS	DEAT
n and Manhal Hygrene prior to buriol, cremation, or inked or them. 18 shows any injury, or other trouslatic	CAL	Conditions, if ony, white gove rise to immedicate to the stating underlying code in PART 2. OTHER SIGNIFIC RELIGIOUS IN DATE OF OPERATION TIE. ACCOUNT WAS UNDERLY DE CONTRIBUTERO CAUS	DUE TO, OR AS A ONE CONDITIONS THE THE THE THE THE THE THE TH	EUTING TO DEATH BUTTON TO THE WHICH OPERATION WONTH DAY YEAR 19	211 LOCATION	78s AUTOPSY?	PIR. IF YES, AN CERTIFY! YES	WERE FINDINGS	DEAT
Here I	-5.1	Conditions, if ony, white gove rise to immedicate to the immediate to	THE CONDITIONS CONTRI THE THE CONDITIONS CONTRI THE THE CONDITION THE CONDITION THE CONDITION THE CONDITION THE CONDITION THE CONDITION THE PLACE OF IN. THE PLACE OF	EUTING TO DEATH BU FOR WHICH OPERATION URY MONTH DAY YEAR 19 JURY CTORL OFFICE FARM ETC.)	THE LOCATION	70s AUTOPSY? YES NO RED (JAMES WATURE OF POOR	ZIR. IF YES. IN CERTIFY! YES ON A TIME IS SHE	WERE FINDINGS	DEATH NO [
State Dept. of Health and Menhal 4 ANT: If hem 21 is marked or hem. I	-5.1	Conditions, if ony, white gove rise to immedicate to the immedicate to the immedicate to the immedicate to the immedia of the control of the control of the control of the immediate of the immed	THE CONDITIONS CONTRI THE CONDITIONS CONTRI THE CONDITIONS THE CONDITION THE CONDITION THE CONDITION THE CONDITION THE CONDITION THE CONDITION THE PLACE OF IN. THE	EUTING TO DEATH BU FOR WHICH OPERATION URY MONTH DAY YEAR 19 JURY CTORL OFFICE FARM ETC.)	THE LOCATION TH	70s AUTOPSY? YES NO	25h IF YES, IN CERTIFY! YES TO A THE TE FOR	WERE FINDINGS	DEATH NO D
Here I	MEDICAL	Conditions, if ony, white gove rise to immedicate to immedicate to immedicate to immedicate to immedicate to immedicate to immediate to impose to immediate to impose to immediate to impose to imp	THE DUE TO, OR AS A DUE TO, OR DUE T	BUTING TO DEATH BUTING TO THE TOTAL OFFICE FARM FTG. I	214 HOW INJURY OCCUR 214 LOCATION 18881 219 19 19 10 19 10 19 10 19 11 19 12 19 12 19 13 19 14 19 15 19 16 19 17 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 1	78s AUTOPSY? YES NO RED (JAMES NATURE OF ROOF ON OR TO to death occurred on the di	25h IF YES, IN CERTIFY! YES TO A THE TE FOR	WERE FINDINGS ING CAUSES OF COUNTY COUNTY ON THE COUNTY ON	DEATH NO D

8 8 0 1 1 - 0

Isla Morest.

10011-0

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10	,
13	0
-	

900	-	0	
5	3	8	-
100			-

	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	S O REG. N	0.	2 0	0 0
	I. DECEASED NAME	FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH I	DAY YEAR	2b. HOUR
ı		SAMUEL A	SH		PERRY , SR.		6 1	9 86	3:20P.
1	3. SEX	4 RACE	NAME OF THE PARTY	5 DATE C	F BIRTH	6. AGE (IN YEARS LAST BE		IF UNDER 1 YEAR	IF UNDER 24 HRS
J	MALE	WI	ITE	MONTH	28 06	80	YRS.	MONTHS! DAYS	HOURS MIN.
4	Ta. BIRTHPLACE (STATE OR FOR		WHAT COUNTRY?	8		9. BALTIMORE CITY		OF DEATH	
7	Maryland	U.S.	λ	WIDOWE	DI DIVORCED	Anne A	runde!	1 1 3	M
긁	10 CITY OR TOWN OF DEATH	1 11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND C	OF BUSINESS OF
4	Linthicum		CHEACILITY, GIVE STREET A			Superinte	-	GOODW :	Balto.
7	USUAL RESIDENCE (IF NURSING	HOME OF OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					ill Ind
S	the state of the s	b COUNTY	Linthicu		13d INSIDE CITY LIMITS?	302 Jerly			090
9	Maryland	A.A.	LTHUTTCU	ши	15. MOTHER'S MAIDEN NA		II Aven	iue ZI	730
Y	FIRST	MIDDLE	LAST		FIRST	WIDDLE		EAS	
4	William	Henry	Perry	DITYLIA	Clara	ADDR	ECC	Stive	
	160 WAS DECEASED EVER IN	(IF YES, GIVE WAR OR DATES)	166 SOCIAL SECUI		17 INFORMANT				1090
	NO		214-22-1	534	Samuel A. Pe	erry, Jr. 7	24 Eas	t Maple	
1	18 CAUSE OF DEATH	Enter anly ane cause per	line for (a), (b), and	dic.i				BETWEEN	MATE INTERVAL ONSET AND DEATH
9		MEDIATE CAUSE (0)	Declus	inac	Corelatore	sadan c	lesa	1 4	2
Л		DUE TO, O	R AS A CONSEQUE	NCE OF				0	
	Conditions, if ony, v		inter	20	elere.	د		1	~
1	gave rise to immer cause (a), stating		R AS A CONSEQUE	NCE OF				0	
9	underlying couse	lost.		1000			60		
		ICANT CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM		DITION GIV	EN IN PART I	0
	¿ Order	1 500	143-00	1					
		TO CEEE C	o ree con		e vasue	lande	1000		
1	S 190 DATE OF OPERATION	ON 196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES	, WERE FINDI	
1	190 DATE OF OPERATION	DN 196 COND	ITION FOR WHICH	OPERATIO	0	The state of the s	20b IF YES	, WERE FINDI	
1	21a. ACCIDENT WAS UNDER	LYING 216. TIME C	DF INJURY		0	200 AUTOPSY?	20b IF YES IN CERTIF YE	, WERE FINDI YING CAUSES S []	OF DEATH?
		LYING 21b. TIME C	DF INJURY M. MONTH DA	YEAR	N WAS PERFORMED	200 AUTOPSY?	20b IF YES IN CERTIF YE	, WERE FINDI YING CAUSES S []	OF DEATH?
		LYING 21b. TIME CHOUR A LEXAMINER) 21b. TIME CHOUR A HOUR A P 21c. PLACE	OF INJURY M. MONTH DA M. OF INJURY	Y YEAR	N WAS PERFORMED 21c HOW INJURY OCCURS 211 LOCATION	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b IF YES IN CERTIF YE	S, WERE FINDING CAUSES S ART 1 OR PART 2)	NO []
	OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED WHILE NOTIFY NOTIFY HILE	LYING TABLE CHOUR A USE OF DEATH LEXAMINER) 21b. TIME CHOUR A HOUR A 21c. PLACE (AT HOME ST	DE INJURY M. MONTH DA M.	Y YEAR	N WAS PERFORMED	200 AUTOPSY?	20b IF YES IN CERTIF YE	, WERE FINDI YING CAUSES S []	OF DEATH?
	OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	LYING TO SEE OF DEATH HOUR A P P P TO SEE OF PLACE (AT HOME, ST	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	Y YEAR	N WAS PERFORMED 21c HOW INJURY OCCURS 211 LOCATION	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b IF YES IN CERTIF YE	S, WERE FINDING CAUSES S ART 1 OR PART 2)	SOF DEATH?
	OR CONTRIBUTING CAL (IF EITHER NOTHS MEDICAL (IF EITHER NOTHS MEDICAL (IF EITHER NOTHS MEDICAL (IF EITHER NOTHS MEDICAL AT WORK 22d 1 certify that (1) [Medical Spow the deceased	21b. TIME CHOUR A EXAMINER) 21c. PLACE (AT HOME, ST This hospital) attended the olive on	OF INJURY M. MONTH DA M. OF INJURY RRET. FACTORY. OFFICE FA	YYEAR 19 ARM, ETC.)	N WAS PERFORMED 21c HOW INJURY OCCURS 211 LOCATION	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b IF YES IN CERTIF YE URY IN ITEM 18 P	O, WERE FINDII YING CAUSES S ART 1 OR PART 2) COUNTY	STATE
	OR CONTRIBUTING CAL (IF EITHER NOTHS MEDICAL (IF EITHER NOTHS MEDICAL (IF EITHER NOTHS MEDICAL (IF EITHER NOTHS MEDICAL AT WORK 22d 1 certify that (1) [Medical Spow the deceased	LYING 21b. TIME C HOUR A EXAMINER) P P 21c. PLACE (AT HOME, ST	OF INJURY M. MONTH DA M. OF INJURY RRET. FACTORY. OFFICE FA	Y YEAR 19 ARM, ETC)	21c HOW INJURY OCCURS 211 LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b IF YES IN CERTIF YE URY IN ITEM 18 P	O, WERE FINDII YING CAUSES S ART 1 OR PART 2) COUNTY	STATE that Her (we) lacauses stated
	OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRE! AT WORK NOTIFY MEDICAL AT WORK 22a I certify that (I) (M SOW the deceased Cobove, 4H (we) (did	21b. TIME CHOUR A EXAMINER) 21c. PLACE (AT HOME, ST This hospital) attended the olive on	OF INJURY M. MONTH DA M. OF INJURY RRET. FACTORY. OFFICE FA	Y YEAR 19 ARM, ETC)	21c HOW INJURY OCCURS 211 LOCATION STREET 10 that in (my) (aur) opinion of	200 AUTOPSY? YES NO ENTER NATURE OF INJU CITY OR TO	20b IF YES IN CERTIF YE WAY IN ITEM 18. P	COUNTY	STATE that Her (we) lacauses stated
	OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRE! AT WORK NOTIFY MEDICAL AT WORK 22a I certify that (I) (M SOW the deceased Cobove, 4H (we) (did	21b. TIME CHOUR A EXAMINER) 21c. PLACE (AT HOME, ST The hospital) attended the only of the body 21c. PLACE (AT HOME, ST The hospital) attended the only of the body	OF INJURY M. MONTH DA M. OF INJURY RRET. FACTORY. OFFICE FA	Y YEAR 19 ARM, ETC)	21c HOW INJURY OCCURS 211 LOCATION STREET 10 that in (my) (aur) opinion of	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURED) CITY OF IC. ACDICAL STATEMENT OF THE CONTROL OF THE CONTRO	20b IF YES IN CERTIF YE WAY IN ITEM 18. P	COUNTY	STATE that Her (we) lacauses stated

BP.

FOR

DHMH - 16 60M 7/84 (VRA 15, 4)

Should be detective with the State De MPORTANT

> Burial
> 24 FUNERAL DIRECTOR 6/23/86

23b. DATE

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

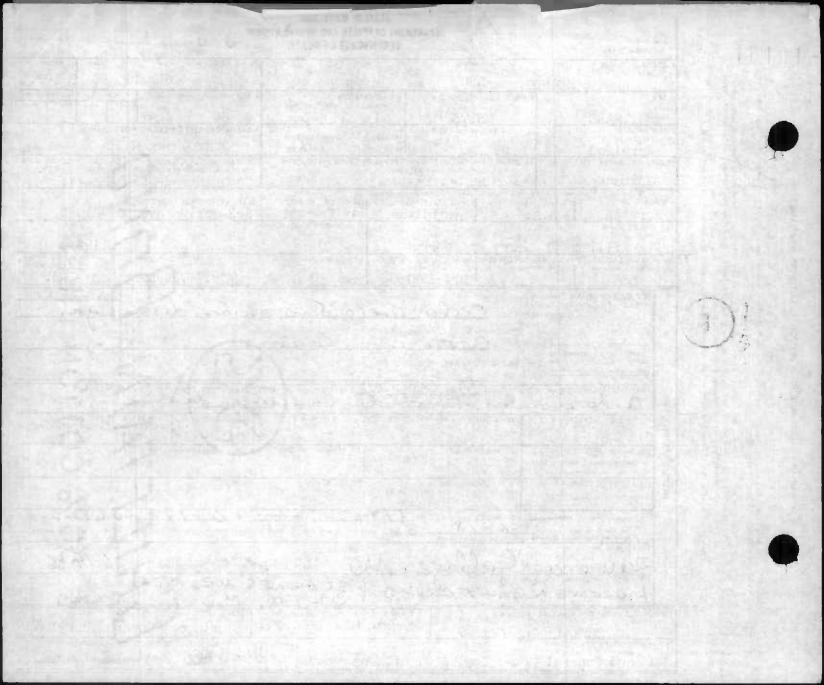
23c NAME OF CEMETERY OR CREMATORY Meadowridge Mem. Pk.

21229

23d. LOCATION Elkridge

Maryland Howard

250 DATE REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE JUNE Dandon June Hubbard Funeral Home, Inc. 4107 Wilkens Avenue julia Daydoon-yandalee



00-09845

death. Page 4 may be

certificote be

requires that the death

ATTENDING PHYSICIAN: The low

TO HOSPITAL OR

retained by the hospital or attending physician.

ond completely fulled in by the funeral director, page 3 ages 1 and 2 should be filed within 72 hours after death

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and cor should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

CT	ATE	AF	6.0	ARYI	AALE
71	AIL	UP	m	AKTI	ANU

DEP	ARTMENT	OF HEALTH	AND MENTAL	HYGIENE
	CFF	RTIFICATE	OF DEATH	

1E	8		6 REG.	NO.	5	ರ	8	64	
). D	ATE	OF	DEATH	MONTH	DAY	86	26 HOU	R	

	CEASED NAME FIRST				REG. N			
	Elton	MIDDLE	PHOEF	31/5	20. DATE OF DEATH	6 11	86	26 HO
3 SEX	Х	4 RACE	5. DATE OF BIRT		& AGE (IN YEARS LAST BE		UNDER I YEAR	IF UND
	MALE	White	MONTH 4	21 19	67	YRS	NTHS CIAYS	HOURS
	RTHPLACE ISTATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED	NEVER MARRIED	9 BALTIMORE CITY	COUNTYO	FDEATH	M
10 C	ITY OR TOWN OF DEATH	1) NAME OF HOSPITAL NURS	WIDOWED _	DIVORCED	170 USUAL OCCUPA	EUNDEL	12b. KIND OF	DITCH
Ci	POWINSWILL 1	OPHINAL SICH FACILITY, GIVENTRE		TER INSTITUTION	(TYPE OF WORK FOR MOST		INDUSTRY	PII
130 S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEN'TY		NSIDE CITY LIMITS?	13e. STREET ADDRESS		THENUL	4
	MDI		MARS YES	NO [425 E. NO	IRTH AU	E. 2	120
14 FA	ATHER'S NAME	MIDDLE LAST	15 M	OTHER'S MAIDEN NA	AME	0	AST	7
160 V	WAS DECEASED EVER IN U.S. AR	MED FORCES? 1166 SOCIAL SE	CLIPITY NO. 17 IN	FORMANT	ADDE	FSS	WHE	201
U		WAR OR CATES! 100 SOCIAL SE	2-14-1423)	7001			
=	IS CAUSE OF DEATH (Finter or	nly ane cause per line lor (a), (b),	and c				APPROXIM BETWEEN O	AATE INT
	gave rise to immediate						THE PARTY	
NOI	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSECUTED TO THE CONDITIONS CONTRIBUTING TO	UENCE OF		heavent heavent			
TIFICATION	underlying couse last	(c)	DEATH BUT NOT F	RELATED TO THE TER/		NDITION GIVEN	VERE FINDING	GS USE
CAL CERTIFICATION	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	D DEATH BUT NOT F	RELATED TO THE TER/	MINAL DISEASE OR CON	20b. IF YES, V IN CERTIFYIN YES [VERE FINDING CAUSES	GS USI
MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT OF THE PROPERTY OF T	CONDITIONS CONTRIBUTING TO	D DEATH BUT NOT F TH OPERATION WAS DAY YEAR 19 211. 1	RELATED TO THE TER/	MINAL DISEASE OR CON 200 AUTOPSY? YES □ NO	20b IF YES, VIN CERTIFYIN YES [VERE FINDING CAUSES	GS USE OF DEA NO
	UNDERLYING COUSE last PART 2. OTHER SIGNIFICANT OF THE SIGNIFICANT OF	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	DEATH BUT NOT R TH OPERATION WAS DAY YEAR 19 211. L E, FARM, ETC.) 211. L	S PERFORMED HOW INJURY OCCUP OCATION STREET 10 (Mary (our) opinion	200 AUTOPSY? YES NOW RRED (ENTERNATURE OF IN)	20b. IF YES, V IN CERTIFYIN YES [URY IN ITEM 18, PART	VERE FINDING CAUSES (1 ORPART 2) COUNTY	GS USE OF DEA NO
	Underlying couse last PART 2. OTHER SIGNIFICANT (190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that My (this haspi saw the deceosed alive on above. The we) (did) (et al.	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) (at 101) attended the deceased from view the body after death.	DEATH BUT NOT R TH OPERATION WAS DAY YEAR 19 E. FARM, ETC.) DEGRE	S PERFORMED HOW INJURY OCCUP OCATION STREET 10 (Mary (our) opinion	200 AUTOPSY? YES NOW RRED (ENTERNATURE OF IN) CITY OR TO death accurred on the of	20b IF YES, V IN CERTIFYIN YES [URY IN ITEM 18, PART WN date and hour of	VERE FINDINING CAUSES (1 ORPART 2) COUNTY 86 . 11 1 221. DATE S	GS USE OF DEA NO

BP.

DHMH - 16 60M 1/75 (VR A 15 (4))

Removal
24 FUNERAL DIRECTOR

FOR STATE

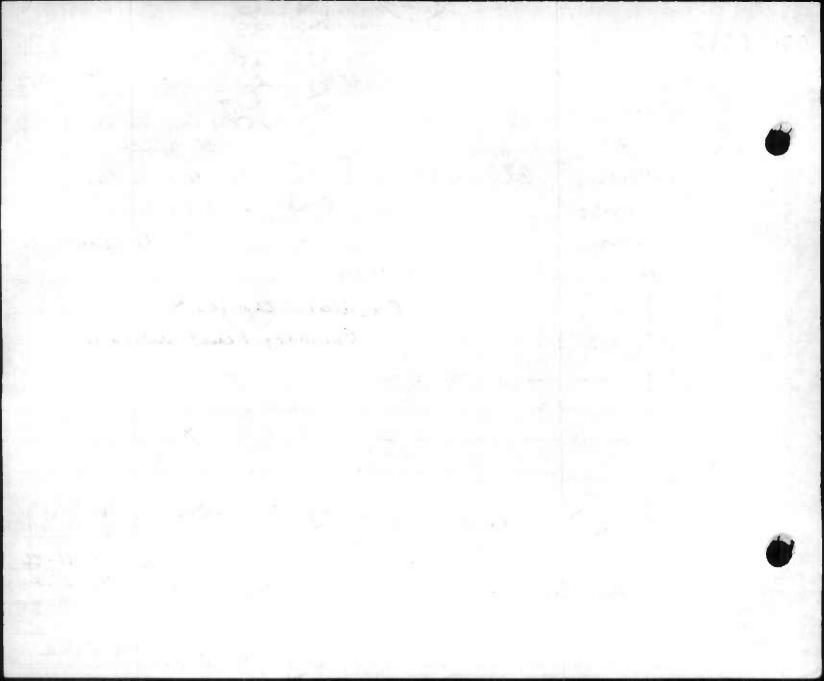
6-13-86

NAME

Anatomy Board

ADDRESS Md Balto.,

250 DATE REC'D. BY REGISTRAR 356, REGISTRAR'S SIGNATURE



DHMH - 16 60M 7/84

(VRA 15, 4)

10 86 and that in (my) (our) apinion death accurred an the date and have and from the causes stated TIL DATE SIGNED 6/3/86 BALTIMORE, MARYLAND 21230 CONSOLADOR PALAD, M.D. BURNIL CREMATION, REMOVAL BY REGISTRAR IS REGISTRAR'S SIGNATURE ruha Daydoon Adnows

STATE OF MARYLAND

02, 1986

IF UNDER I YEAR

INDUSTRY

YES |

COUNTY

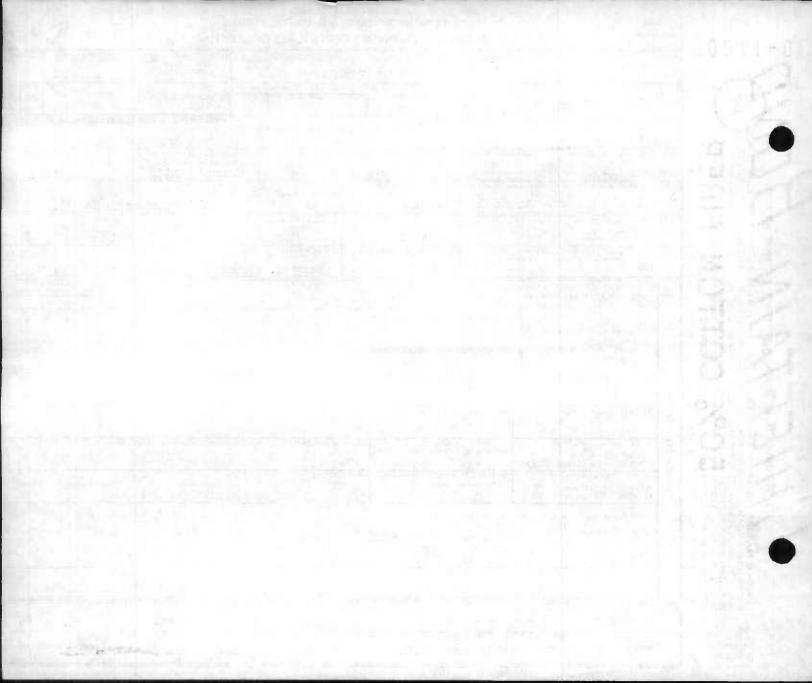
IF UNDER 24 HRS

126. KIND OF BUSINESS OR

NO [

11 METERS IN THE STATE OF THE STAT SETT OF THE PROPERTY AND STORE CASSOLADOR PARAD. W.D. The state of the state of

2012/20 - 3



STATE OF MARYLA	NI
DEDADTMENT OF BEALTH AND M	121

ARTMENT OF HEALTH AND MENTAL HYGIENE

R	6	
0	0	

5 8 8

						REG. IV	2.		
	CEASED NAME FIRST		WIDDLE	i i	TZA	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1110	HeLEN		Bocci	0	TTOR	6/19/86			1120 11
3. SE		4 RACE	GOCCI	5. DATE C	DE BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1	female	whit	e	MONTH				MONTHS DATS	HOURS MIN
				11-	-25-1913	72	YRS		
	COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
	Pa.	U.S	. A .	WIDOWE		ANNE AR	uni	eL	MD
	TITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPATI		_	OF BUSINESS OR
6	DGEWATEN	(IF NOT IN SUC	H FACILITY, GIVE STREET	1	0- +00	TYPE OF WORK FOR MOST C	F WORKING L		
LISAL	TAL RESIDENCE (IF NURSING HOME OF	1/8 19 SA	NILIU		nv. Center	Nurse		Me	dicine
130	STATE 136 COU		13c CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP COD	DE .	0115
1	Md. A.	A. Co.	Edgewa	ater	YES NO K	1737 Ell	cride	ge Rd.	1/00/
14. F.	ATHER'S NAME				15 MOTHER'S MAIDEN NAM				
	FIRST	MIDDLE	LAST D o d	001	Enrica	MIDDLE		Pugie	3 3 0
	Erasmus was deceased ever in u.s. ar	MED FORCES?	BO C		17 INFORMANT	- ADDRE	SS		110
	(YES, NO OR UNKNOWN) I (IF YES, GI	VE WAR OR DATES	14.5			839DR	shore	e Dr.	
r	10 N	/A	193-05.	-6314	4 Miles Pot	ter Ede	rawat	ter Md	
	18 CAUSE OF DEATH (Enter of	nly one couse per	the for ial, (b), and	dien				BETWEEN	ONSET AND DEATH
	PART I. DEATH WAS CAUSE	TE CAUSE (0)	li de	STR	oke				
	MMEDIA	TE CAUSE (O)							
		DUE TO, O	r as a conseque	NCE OF					
	Conditions, if any, which gave rise to immediate	(b)_	170						
1	couse (0), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF					
	underlying couse last.	(0)							
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PART I	0
Z		I Pro							
CERTIFICATION	19g DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	T20b. IF YE	S, WERE FINDI	NGS USED
분							IN CERTI	FYING CAUSES	S OF DEATH?
E					Total	YES NO		ES 🗌	ио 🗌
	2) a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME C	M. MONTH DA	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	EY IN ITEM 18	PART OR PART 2)	
S	(IF EITHER NOTHY MEDICAL EXAMINE		M.	19					
MEDICAL	21d INJURY OCCURRED	21e PLACE			211 LOCATION	CITY OR TO		COUNTY	STATE
Σ	WHILE NOT WHILE AL WORK	(AT HOME ST	REET FACTORY OFFICE, FA	ARM, ETC.)	STREET	CITY ON TO	WN	COONTY	STATE
			7		Jan. 19 86	in 6-1	0	26	
	220 I certify that (I) (thus hosp	///	13	36		, 10	7	19_0.82	ther (II Jun) last
	saw the deceased alive ar	view the body		, ar	nd that in (my) (aur) apinion o	death accurred on the de	ite and ho	ut and trom the	causes stated
	226 SIGNATURE	IV		1 . //	DEGREE			27c. DATE	SIGNED
	(- 10 at 1)	1/4	well H	1//	ATTENDING PHYSICIAN [DIRECTOR PHYSIC		6	-19-86
	22d. PHYSICIAN'S NAME ITYPE	OR PRINTS			22e ADDRESS	POINTECTOR [] TITISIC	1011		1100
	1 1 0 1	///			- / 0	1011		1 na	1
	Non B. L	owe !			177 West	It. NI	10101	13 /10	1
23a	BURIAL CREMATION, REMOVAL	236 DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION	1	-	
	Burial	6/23	/86	St D	ennis	Haverto	own	COUNTY	Pa.

DHMH - 16 60M 7/84

BP.

IMPORTANT: If them 21 is n

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

injury, ar ather traumatic event, the

(VRA 15, 4)

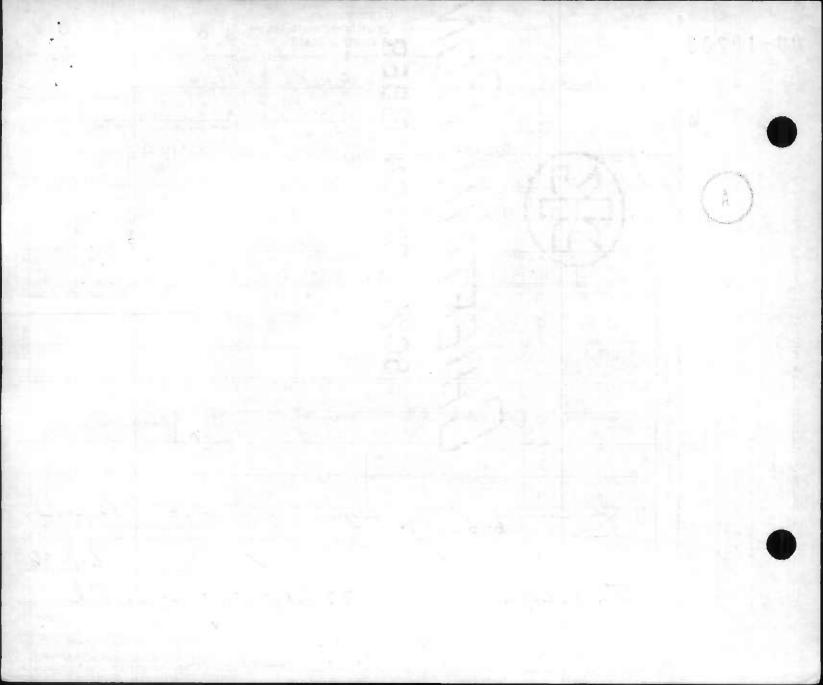
Hardesty Funeral Home

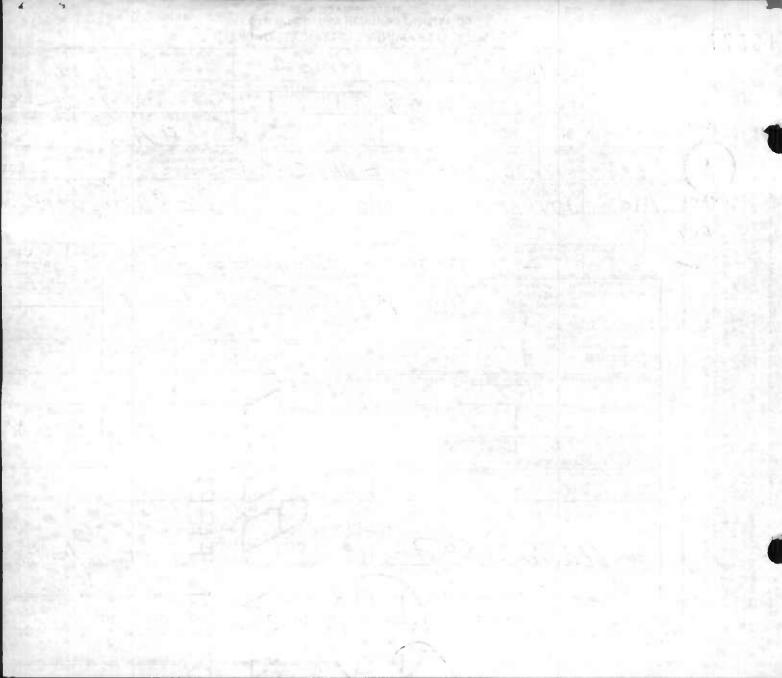
24 FUNERAL DIRECTOR

FOR STATE

12 Ridgely Ave. Annapolis, Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE





page 3

injury, ar ather traumatic event, the medical

IMPORTANT: If Item 21 is marked or Item 18 shaws

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a should be detached for use as the buital-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

FOR STATE

STATE OF MARYLAN	ID
DED A DEMENT OF MEALTH AND ME	EM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6	1	5	8	8	2
420	REG. NO.					8

REGISTRAR			CERTIFICATE	UP DEATH	REG.	NO.			.606
DECEASED NAME	FIRST M	DDIE	LAST		20. DATE OF DEATH		DAY	YEAR	26 HOUR
,	innie	L.	Prince			6	21	86	5:27a
SEX	4 RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LAST			ER 1 YEAR	IF UNDER 24 HRS
Female	CAUCA		MARCH 2	27, 1923	1 03	YRS		DAYS	HOURS MIN.
BIRTHPLACE (STATE OR FOR	EIGN 76. CITIZEN OF W	HAT COUNTRY?	MARRIED NE	VER ALABBIED	9 BALTIMORE CITY	OR COUR			
VÎRG'INIA		U.S.A.	WIDOWED 📆	DIVORCED	ANNE AR	UNDE	r co	UNT	Y
CITY OR TOWN OF DEATH		OSPITAL, NURSING	HOME OR OTHER	INSTITUTION	120 USUAL OCCUP		12b.		BUSINESS OF
Annapolis		FACILITY, GIVE STREET AD Arundel G		enital	(TYPHOMEMA	KER	G LIFE) IND	DUSTRY	
UAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION C			OSPILAL		•			
ARYLAND ANI	né° akundel	13'EDGEWAY	TER 13d. INSI	DE CITY LIMITS?	1338E54DSE	SON BO	AVE	. 21	1037
FATHER'S NAME CHARLES	E WIDDLE C.C.	OTHÉŘN		HER'S MAIDEN NA/	ME F. MIDDLE	WO) D	LAST	
CHARLES	E. SU	OIHERN	L.F	AUNA	Γ.	WO	O D		
. WAS DECEASED EVER IN		166 SOCIAL SECURI				ORESS	4.0	405	
(AE2 MOCK MUKNOMN)	IF 1ES, GIVE WAR ON DATES)	579-16-8	3136 FR	ANCES L.	NELSON	SAME	AS	13E	
PART 2. OTHER SIGNIF	the lost. DUE TO, OR (c) CANT CONDITIONS CO	URIBUTING TO DE	ATH BUT NOT REL	Reval	INAL DISEASE OR CO	u	GIVEN IN I	22	
	V				YES NO	IN CER	TIFYING (CAUSES	OF DEATH?
OR CONTRIBUTING CAL			YEAR 216. HO	W INJURY OCCURR	RED (ENTER NATURE OF IT	NJURY IN ITEM	B PART I OR	PART 21	
(IF EITHER NOTIFY MEDICAL	JSE OF DEATH		19						
(IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRED			21f. LOC	ATION	CITY OF	TOWN	(0	VINIY	STATE
WHILE NOT WHILE	[AT HOME STRE	ET, FACTORY, OFFICE, FAR	W EIC)	JINEE.	CITYON				J.A.L
22a.1 certify that (1) (th	nis hospital) attended the	deceased from		. 19			. 19		hot (I) (we) los
sow the deceased	olive on	fter death	, and that in	(my) (our) opinion o	deoth occurred on the	dote and h	our and f	rom the c	ouses stated
276. SIGNATURE	1 CO SOUND STATE SOUND OF	ner deum.	DEGREE				22	c. DATE, S	SIGNED
Mn	1 (Xa	n		ATTENDING PHYSICIAN	DIRECTOR PHY	TAFF SICIAN []	5	10/	1/8/10
22d/PHYSICIAN'S NAM	E (TYP) OR PRINT	-	22e AD		1 A	JICIMIY [4	0	1114
1 Yung &	('Son	ARMS	1	05 Ric	Lexily K	ful i	ANN	. 1	MGDu
BURIAN CREMATION, RE			ME OF CEMETERY	OR CREMATORY	THE LOCATION	T 0 =	0.50	in a -	CONTACTO
BURIAL	6-25-	86 FO	RT LINC	OLN BREN	MOOD PE	RINCE	GEO	RGE	COSTAMD

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR
NAME
ROBERT E. EVANS

ANNAPOLIS, MARYLAND

250 DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

result have a mile the said failure Partle 17 in when it is the fall and then, missing

			STATE OF MARYLAND		45 44
202	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6 REG. NO.	5 8 9 0
203		CEASED NAME FIRST	MIDDLE	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
deoth		Monu	E.Lsie Proctor	6-2	1.86 10,00
S offer	3 SE	F	B S. DATE OF BIRTH		UNDER I YEAR IF UNDER ? HAS
P. B.		RTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED	RALTIMORE CITY OF COUNTY OF	DEATH
		md	UISIA WIDOWED DIVORCED	A.A.	MD
153	10 C	-NNADOLIS F	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HOSPITAL HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MODIT OF WORKING LIFE) HOUSEWIFE	17b. KIND OF BUSINESS OR INDUSTRY
LE	ÚSU. 13a	14111	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	13e STREET ADDRESS / 7IP CODE	1035
1		Md A.A	. DAVIDSONVILLE YES X NO [DOTT WHEN IT	NN Bridge Re
Sur Train	14. FA	THER'S NAME FIRST MID		AME MIDDLE	LAST
	140)	WILLIAM	DEFORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	s marie	NewMAN
dice		VAS DECEASED EVER IN U.S. ARME YES, NO OP UNKNOWN) (IF YES, GIVE W		tenry Troller 384	+ Rd.
- 4	-	Is CAUSE OF DEATH :Enter only o	10-36-7/20 1 0 3 CP 1) C	CATTIBOTION DOF	APPECIALANT HOTEWAL BETWEEN COMMENT AND DEATH
mava	CC.	PART I, DEATH WAS CAUSED B	1 /2011 0-12 -12 (Q) (BETWEEN CHOST AND DEATH
a re	7	IMMEDIATE	1.00	1	
ian, o		Canditions, if any, which	BI Sentilline Collins	adown	
emal	13	gave rise to immediate course in stating the	DUE TO, OR AS A CONSEQUENCE OF		THE RESERVE
all of		underlying course lost.	(4)		
born bry,	z	PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OF CONDITION GIVEN	PAPART NO
prior to	110	19s DATE OF OPERATION	19% CONDITION FOR WHICH OPERATION WAS PERFORMED	THE AUTOPSYT THE PYES, W	VERE FINDINGS USED
0 10	CERTIFICATION	THE DATE OF OPERATION	THE CONDITION FOR WHICH OPERATION WAS PERFORMED		NG CAUSES OF DEATH?
III the	CERT	21s. ACCIDENT WAS SHERRYING.	21s. TIME OF INJURY 21s. HOW INJURY OCCU	RRED (FINITE WATURE OF HAURY IN THE WART	and but
entol h	10.00	OR CONTRIBUTING CAUSE OF BEATH THE EITHER, NOTHER MEDICAL EXAMINER;	HOUR A.M. MONTH DAY YEAR		
2	MEDICAL	THE INJURY OCCURRED	ZIA PLACE OF INJURY ZIII LOCATION		74.5
9	M	WHILE IN HOT WHILE I	(AT HOME, STREET, EACTORS, OFFICE, EARM, STC.)		COUNTY STATE
ealth ma		That certify that (I) (the hospitch	attended the glocased from 27 1/49 19 92	2 10 27 / LUL 10	86 that (It lys) last
2 H		saw the deceased glive on obove (1) and and of did not a	and that Many (per again)	n death occurred on the date and hour a	nd from the cours stated
1		276 SIGNATURE	DEGREE		IN DATE IGNES
		-loub	Decel ON ATTENDING PHYSICIAN	MEDICAL STAFF	28/1000
APORTANT:		224 PHYSICIAN'S MAKE HAR OFFI	MI S I EN ADDRESS	oT O marginal	in (mail
with t		Don	Dece 11/West	ST ANNApoL	159 111Q
, =	73a I	RUDIAL CREMATION DEMOVAL	726 DATE - 173, NAME OF CEMETERY OF CREMATORY	234 LOCATION	

DHMH - 16 60M 7/84

(VRA 15, 4)

236 BURIAL, CREMATION, REMOVAL
BURIAL
24 FUNERAL DIRECTOR
1, E. ALICKS 11

23b. DATE

A STORY OF THE STO AND THE RESERVE OF THE PROPERTY OF THE PROPERT STATE STATES TO STATE OF THE STATES AND STAT

30-08

the funeral director, page 3 ad withig 72 hours after death

death. Page 4 may be

STATE OF MARYLAND FOR DEPARTMENT OF HEA

LTH AND MENTAL HYC ATE OF DEATH	SIENE 8	6 REG. N	10.	5	8	
	2a DATE OF	DEATH	MONTH	DAY	YEAR	

9 1

		REGISTRAR				CERTIF	ICATE OF DEATH	0	REG. NO	D	7	E	DT
i		EASED NAME	FIRST		MIDDLE	Ĺ	AST	2a DATE OF	FDEATH	MONTH	DAY YEAR	2b HC)UR
		IRVEL		ELIZ	ABET	PURDY		JUN	VE .	1,	1986	128	PM
1	3 SEX			4. RACE		5 DATE C		6. AGE (INY	TEARS LAST BIRT		MONTHS DAY		ER 24 HRS
		Female		Whit	e	MONTH 3	-31-1899	87		YRS	MOITING DAT	HOURS	Wild.
-		THPLACE (STATE OR FOR	REIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMO	RE CITY O	RCOUNTY	OF DEATH		
ú		Md.	231	USA		WIDOWE	41	AN	INE AR	UNDEL	COUNT	Y	MD.
Ī	10. CIT	Y OR TOWN OF DEATH	Н		HOSPITAL, NURSIN		OR OTHER INSTITUTION		OCCUPATION AND TO			OF BUSIN	VESS OR
-	(GLEN BURNIE		NORTH	A size of suits deleter through	HOSPI	TAL	Hou	sewi	ſе	INDUSTR H O	useh	old
7	USUA 13a S	RESIDENCE (IF NURSING	36. COUN		GIVE RESIDENCE BEFORE 131. CITY OR TOWN MILLERS	N	13d. INSIDE CITY LIMITS? EYES NO A	13 STREET .	ADDRESS /	zip cobi lers	ville	Rd.	3
-	14. FA	THER'S NAME		MIDDLE	ŧAST		15. MOTHER'S MAIDEN NAM	ME	AMIDDLE.			AST	
1		Stephen		C. I	Lanham		Margaret	M-55.358	R.		UNK	-31	
		AS DECEASED EVER IN		MED FORCES?	166 SOCIAL SECU		17. INFORMANT		ADDRE				3103
ı		ES, NO OR HUKNOWN)	14 123, 01	t wan on bares,	2127474	34	Mildred Eu	tsler	S	ame a	as #1.	3	WE 3
		18 CAUSE OF DEATH	(Enter or	ly ane cause per	line far (a), (b), and	d (ch.)	100				BETWEE	DXIMATE INT N ONSET AN	ERVAL ND DEATH
1	1.9	PART I. DEATH WAS		E CAUSE (0)	my	an	dort day	arch	- zin				
DUE TO, GRAS A CONSEQUENCE OF									->				
		Conditions, if any, a gave rise to imme- cause (a), stating	diate the	DUE TO, O	R AS A CONSEQUE	NCE QF	1					-	17.73
		underlying couse	last	(c)	neup	Ship	1 herry	marc	242				
	z	PART 2 OTHER SIGNIF	FICANT (CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE DERM	INAL DISEAS	E OR CONE	DITION GIV	EN IN PART	Ha	
	CERTIFICATION	190 DATE OF OPERATIO	NC	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	OPSY?	206. IF YE	S, WERE FINE	INGS US	ED
	IFIC			70.00				YES	NON		FYING CAUSI	ES OF DE	
	CERT	210. ACCIDENT WAS UNDER	RLYING [21c. HOW INJURY OCCURR		77.				
1		OR CONTRIBUTING CAL		(141	M. MONTH DA	Y YEAR							
	MEDICAL	21d. INJURY OCCURRE		21e. PLACE	OF INJURY		211 LOCATION		CITY OR TO	Sarbi	COUNTY		STATE
	¥	WHILE NOT WHILE		(AT HOME ST	REET, FACTORY, OFFICE, F	ARM ETC }	ZIMEET		CHYORIO	N.N.	Count		JIMIL
		22a. I certify that (I) (1	his haspi	tal) attended th	e deceased fram_	25.00		, to			19	. that (I)	(we) last
H		saw the deceased above, (I) (we) (dia	alive on	1) view the body	after death.		nd that in (my) (our) apinion o	death occurre	ed on the do	ate and hou	ond from the	ne couses :	stated
		224 SIGNATURE	10	-			DEGREE			44.50	22c. DA	TE SIGNE	D
		Ja 7	500	ulil	us m	12 - P	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF PHYSIC		0/	2/80	
		22d PHYSICIAN'S NAM	AE (TYPE C	R PRINT)	200		22e. ADDRESS 784	5 OAKW	VOOD R	OAD.	SUITE	106	-7-1
		JOSE M.	PRES	BITERO	M.D.	o di	GLEN BURN		RYLAN				1
		URIAL, CREMATION, RE		236 DATE 6-4-			emetery or crematory	23d LOCA		ersv	1 104NX	AACC	STAN A

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 3 should be detached for use as the burial Hygiene prior to burial, cremation, ar remaval. IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar ather traumatic event, the medical exam

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

retained by the haspital or attending physician

BP

14 FUNERAL DIRECTOR
Hardesty Funeral Home

Annapolis,

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE SO ELECTRICAL

				ST OF		
					alvaua a	
					The sale	
			OF SHAPE			
		I STATE OF				
					45,736A-754	
						ŖŒ,
			20.00			
	T.					
The state of the s						
					MARKET N. T. S.	

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physician.

DHMH - 16 50M 4/83 (VRA 15, 4)

12+ 1

may be

683

by the funeral director, page 3 filed within 72 hours after death

amplerely filled in by

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remave carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. MPORTANT: If Hem 21 is marked ar Hem 18 shows any injury, ar ather traumotic event, the me

natified of orice

1.	FOR STATE REGISTRAR			EALTH AND MENTAL H	YGIENE 8 6	. 15	3 9 ED ?
	CEASED NAME FIRST			A51	20. DATE OF DEATH		AR 26 HOUR
	RAYMON	ID HUSTO	N PYLANI	SR	JUNE	03, 1986	1031 A
3. SE		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY] IF UNDER 1 Y	YEAR IF UNDER 24 HRS
100	Male	White		22, 1922	64	YRS.	, ioons man
7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT CO	MARRIE	NEVER MARRIED		RUNDEL COUN	
10 C	Maryland ITY OR TOWN OF DEATH GLEN BURNIE	11. NAME OF HOSPITA		OR OTHER INSTITUTION	120 USUAL OCCUPATI	OF WORKING LIFE) INDUST	
USU	AL RESIDENCE (IF NURSING HOME OF		ENCE REFORE ADMISSIONI	INU	Truck-Driv	re Coas	st Guard
13a Ma	aryland Anne	VTY 13c. CIT	rortown ad en a	134 INSIDE CITY LIMITS	38 Brookfi		21122
14. F.	Raymond Benn	net Pyla	nt	Thelma	L.	Bowman	
Ión \	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SO	CIAL SECURITY NO.	17 INFORMANT	ADDR	ss 38 Brookf	ield Rd.
	YES NO OR UNKNOWN) (IF YES, GN	i.II 212	_18_7674	Mary L. Py		ena, Md. 21	
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (01, (b1, and (c1.)			APF BETW	PROXIMATE INTERVAL
		ED BY. TE CAUSE (a)	u	NT			1 Bours
107	WW. DIA	DUE TO, OR AS A C	ONSEQUENCE OF	6	A THE LAND		7
400	Conditions, if ony, which	(b)	Consequence of	a. Hat	100		Va.
1	gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A C	ONSEQUENCE OF	. X		4	(
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PAR	tī lia
CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FO	DR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	
HE HE	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJUR	Y	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJU	120	
7	OR CONTRIBUTING CAUSE OF DEA	ALC:	ONTH DAY YEAR				
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M. 21e. PLACE OF INJU	19 RY	211 LOCATION			110
WEI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTO		STREET	CITY OR TO	OWN COUNTY	Y STATE
	220 I certify that (I) (this haspi				, to		, that (I) (we) las
1	sow the deceased alive on	it view the 60dy after de-	19, o	nd that in (my) (our) opini	on death occurred on the d	ate and hour and from	the couses stated
	The SKE WATCHE	low		DEGREE ATTENDING PHYSICIAN	S DEDICAL STA	FF _ /	ate signed
	224 PHYSICIAN'S MAME THE	(rent)			845 OAKWOOD		1 4 4
	DAVID SCHWA	RTZ. P.A.	D. D.		JRNIE, MARYLA		
	BURIAL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OR CREMATOR	RY 23d LOCATION		
	Burial	June 6, 198	6 Marylar	d Natil Mem			reeWd /
24 F	UNERAL DIRECTOR		04 Mounta	25a [DATE REC'D. BY REGISTRAR	256. REGISTRAR'S SIG	NATURE
	McCully Funeral				JUN 5 1986	1400	n-vj-ndelil
	Burial	June 6,198	6 Marylar	nd Nat'l Mem	Laurel-I		rgeMd./
	McCully Funeral				JUN 5 1986	-W1500	myphotos

STATE OF MARYLAND

The ROLL PROBLEM WHEN THE PARTY OF THE PARTY will follow a large toward by K. American Belliners being toward to be being THE RELEASE OF THE PROPERTY OF All the Control of th end to be designed used.

	1		STATE OF MARYLAND	
0-10105	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6	5 8 9 3
0 10103	i. DE	CEASED NAME FIRST	REG. NO. MIDDLE LAST 20 DATE OF DEATH MONTH DAY	YEAR 2b HOUR
oy be		E OR PRINT)	dizobeth Quzintance 6 16	1000 11.00
you pog	3. SE			DER I YEAR OF UNDER 24 HRS
ctor.	100	Female	Case MONTH DAY YEAR 67 YES	HS DATS HOURS MIN.
60	100	HPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CITY OR COUNTRY OF	DEATH
and the second	X	PA PA	USA MARRIED NEVER MARRIED ANNO Arundo	L MD.
D 11 C	III C	ITY OR TOWN OF DEATH	1 NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 122 USUAL OCCUPATION	26 KIND OF BUSINES OR
1 1100	130	verna Port	(IF NOT IN SUCHFACILITY, GIVE STREET ADDRESS) 304 Arundel Boach Road WE Decretary	clephone Co
no P		AL RESIDENCE (IF NURSING HOME OR O STATE 136 COUNT	THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	21401
2 1	15	NO AF	Annapolis VES X NO 127 Charles S	street
(量) 经成本人	14. F	ATHER'S NAME	IS MOTHER'S MAIDEN NAME	\$ LAST
P	C	1 1	nson Brandt. Sr. Viola E. Rei	nhard.
y xecust			ED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT 304 ACM	el Beach Rd
Pogo an	1	NO -	- 217-09-6621 Susan Gever-Severna F	3-KM112114
y Sicre		18 CAUSE OF DEATH Enter only	ane cause per line for iai, (b), and ici il	SETWEEN ONSET AND DEATH
rtific on po emo		PART I. DEATH WAS CAUSED IMMEDIATE		15 months
th ce corb , or r			DUE TO, OR AS A CONSEQUENCE OF	
death affend love co othan, a		Conditions, if ony, which gave rise to immediate	(b)	
t the rem		cause (a), stoting the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	
ed by please			(c)	
signe signe hen p to bu	Z	PART 2 OTHER SIGNIFICANT CO	onditions <u>contributing to death</u> but not related to the terminal disease or condition given ii	N PART 1 a
	CATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WE	ERE FINDINGS USED
S S S S S S S S S S S S S S S S S S S	12		YES NO YES YES	G CAUSES OF DEATH?
sh de sin	CERTIFI	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART)	
2 4 4 7 T T		OR CONTRIBUTING CAUSE OF DEATH	H HOUR A.M. MONTH DAY YEAR P.M. 19	
ding ding	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY 211. LOCATION	COUNTY STATE
G Ph offen offen offen ked	2	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OR TOWN	STATE
Aft Aft more		220.1 certify that (I) this haspita	attended the deceased from 29 April 19 86 to 16 June 19	862, that (I) (we) last
TTEN TTOR TTOR for use of H		saw the decrased alive an above, (1) we) idid (did nat)	19 86, and that in (my) aprinion death accurred on the date and hour and	I from the couses stated
hospine hospine hed for them 2		TIL SIGNATURE	DEGREE	22c. DATE SIGNED
AL O detoclose Dir. If the		1 Mouverde	M. O ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	16 Juno 86
SPIT d b) INER I be e ITAN		12d. PHYSICIAN'S NAME (THE ON	PRINTY 220 ADDRESS AH AUF SPIRE AND PEN	L IND SINK
TO HOSPITAL retoined by the TO FUNERAL I should be detoined the State [MPPORTAN]. If		Howard E	, SHUTE MO, 1206 CITICITY JOCKET BUTCH	11/1/20196
7 0 1 % 3 % T	23a	BURIAL, CREMATION, REMOVAL	236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	JUNTY STATE C
BP	1	Junial .	June 19, 1986 Holington Holington Hol	ington VF
DHMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 256. REGISTRAR	A R THE COLUMN TO SERVICE A SERVICE AS A SER

DHMH - 16 60M 7/B4 (VRA 15, 4)

should by MPORT

BP.

DHMH-16 30M 2/80 (VRA 15, 4)

09035

FOR

- STATE

ALICE B. QUEEN 2670 Riedel Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY CITY OR TOWN STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME ETYPE OR PRINT! Ne. ADDRESS 23d LOCATION 23a, BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN STATE BURTAL COUNTY 6-13-1986 Md. Veterans Cemetery Crownsville 24 FUNERAL DIRECTOR WILLIAM REESE & SONS MORTUARY, P.A. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE hie Davidson-Randett

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

126 KIND OF BUSINESS OR

220

IF UNDER 24 HRS.

YEAR

IF UNDER 1 YEAR

THOMAS

The state of the s The specific with the second s

DHMH - 16 50M 4/83 (VRA 15, 4)

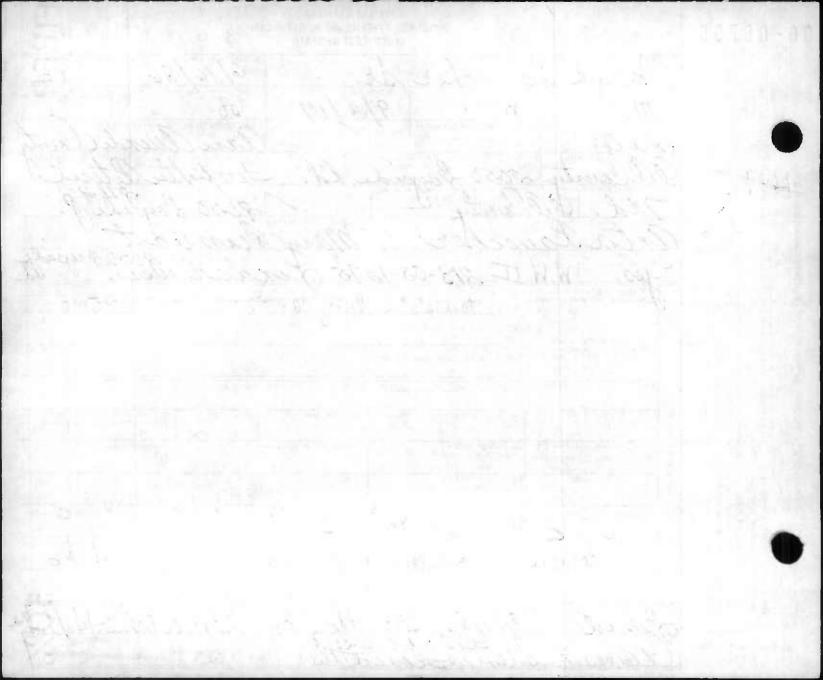
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	6	
,	REG.	NO.

5	8	9	13
			-

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1 DECEMBED NAME (1831	Pauscher	Sr.	6/16/86	S SA M
1 SEM	W	9/3 1/17	B. AGE IN SAKS LAT BRITISHY)	# LINCOW I YEAR # SANDER ZAMES MODIFIED DIAPS HOUSE MAIL
Pails.		MARRIED T NEVER MARRIED WIDOWED DIVORCED	SALTIMORE CITY OR COU	exdel Country
O. Causty	11. NAME OF HOSPITAL BURSING	rede Rd.	The LISTAL OCCUPATION	Seterel
ma. O	O. Cousty CRY ON	THE INSIDE CITY LIMITS	102 STREET COORESS 180	pide F.
antale	ruscher	Mary	Bumba	et.
NA WAS DECEASED EVER IN U.S. A	WTT 218-00	5-1575 De	ida au	7050 gaypide
PART I DEATH WAS CAUS	nerty one couse per line for (a), (b), and (set) BY. ATE CAUSE (a)	tic lung cano	er	~5mo
Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUEN 16) DUE TO, OR AS A CONSEQUEN		*	
	CONDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART ITO
19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH C	DPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
On convenience C cause of n		Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 7)
OR CONTINUOUS OF AUGUST OF	218, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	RM ETC) 214 LOCATION STREET	CITY OR TOWN	COUNTY STATE
sow the deceased alive	pitol) attended the deceased from	19 XV , ond that in (my (our) opinion	deoth occurred on the date and	hour and from the causes stated
22b. SIGNATURE,	re m. Daile	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/16/X6
22d. PHYSICIÁN'S NAME (TYPI	OR PRINT)	22e. ADDRESS		
230 BURDAL, CREMATION, REMOVA	AL THE DATE / 23c. 194	ME OF CEMETURY OR CREMATORY	Test sundarious ()	1 1 1 1 1 1



0			
		FOR	
1	-	STATE	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	6 REG. NO.	-	5	8	9	0
---	---------------	---	---	---	---	---

		REGISTRAR		•			REG. NO.	
		OR PRINTI		DOLE	LAST		20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
			CHARLES	F.	RECHNER	Jr.	June 10,	1986
	3 SE>	(4 RACE	5. [DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
	N	Male	White	200	MONTH DAY	13	72 YRS	MONTHS DATS HOURS MIN
-		RTHPLACE STATE OR FORE	IGN 76 CITIZEN OF W	HAT COUNTRY? 8			9. BALTIMORE CITY OR COUNT	Y OF DEATH
50	N	aryland		S.A. WI		VORCED	Anne Arunde	
20	Ba	TY OR TOWN OF DEATH altimore	100 F	OSPITAL, NURSING H FACILITY, GIVE STREET ADDRI Ifth Avenu	e (Home)	ITUTION	The USUAL OCCUPATION Type of work for most of working Lawyer	176 KIND OF BUSINESS O INDUSTRY LAW
andsolla C	USUA 13a S Ma	AL RESIDENCE (IF NURSING TATE Aryland	COUNTY A	ive residence before adm 3c. CITY OR TOWN Baltimore	1 13d. INSIDE C	ITY LIMITS?	13. STREET ADDRESS / ZIP COU 100 Fifth Ave	enue 21225
examine of the second	14 FA	THER'S NAME Charles	MIDDLE F.	Rechner		s MAIDEN NA Sophie	WIDDLE	Seitz
redical		VAS DECEASED EVER IN		66 SOCIAL SECURITY 217-26-757			Rechner III 20	Maryland 21012 3 Baybourne Ro
other troum at		PART I. DEATH WAS IM Conditions, if ony, w gove rise to immed couse (a), stating	DUE TO, OR (b)	AS A CONSEQUENCE	Obstruct	in Blud	100-	BETWEEN ONSET AND DEATH Mont
8 shaws any injury, o	CERTIFICATION	PART 2 OTHER SIGNIF	moselsotis	CANALISMO TO DEAT	necelar	- 10.	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\) NO \(\)
ked or Item 18 sh	MEDICAL CER	21g ACCIDENT WAS UNDER! OR CONTRIBUTING CAU (IF EITHER, NOTEY MEDICAL 21d INJURY OCCURRED WHILE AT WORK AT WORK	SE OF DEATH HOUR A.M EXAMINER) P.M 21e PLACE O	. MONTH DAY	YEAR 19 211. LOCATIO		RED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART ?) COUNTY STATE
em 21 is ma		22a I certify that (I) (the	is hospital) attended the olive on home 100 (did on lyview the body o	10 86	DEGREE A A	ATTENDING .	death occurred on the date and ha	1986, that (see) lo but and from the causes stated 225. DATE SIGNED
H H		/ WM-M	N 7 / Nous					1809-1011
IMPORTANT: IF IR	22- 0	22d PHYSICIAN'S NAM SANUE BURIAL, CREMATION, RE	LO'MANS		22e. ADDRES	5A 2	L Raven	Blid Bollo

DHMH - 16 50M 4/83 (VRA 15, 4)

attending physician. PHYSICIAN. The

TO HOSPITAL OR ATTENDING retained by the hospital or off

BP.

		District the second	
		E AP	
to evan used			and the later
		200 (Sirks Avages , No.	400 Lt.Sa
Pages autor person		esculture	- Southern
golden Old heidren julinut	militar.	J. Program	en English
s authoritoff (CE) corr con	roem , poitor		D

The transfer of the state of th

1							STATE OF M						
1		1-	FOR STATE					AND MENTAL	4.6	4 1	5	4 9	1
10-1	1111		REGISTRAR CEASED NAME	FIRST	ME	MIDDLE MIDDLE	MINEK. 2 C	ERTIFICATE		O REG. NO.	3	0 ,	1
	1110		E OR PRINT)	2 1		1	6	00011	0		MONTH	DAY YEAR	26 HOUR
	NECESSARY, PLEASE UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS A PRESION STREET,			Arl		Lee	10	eeay		TH MATED		261986	M
	SISTER	3 SEX		MC	ONTH DAY	YEAR LAST B	(IN YEARS IF UN		R 24 HRS. 2c D	ATE DUNCED	MONTH	DAY YEAR	1124
	DIR.	-			rch 18,	1 6	YRS.					26 19 86	M
	ESS.		REIGH COUNTRY)	76.0	CITIZEN OF WI	HAT COUNTRY?	8. MARRI	ED NEVERMAR	RIED . 9 BAL	TIMORE CITY OR	COUNTY	Y OF DEATH	
	NEC STATE	_	irginia		USA		WIDOW	ED X DIVOR	CED 🗆	14	- 11		MD
	S H S H S	10 CI	TY OR TOWN OF DEA	ATH , 11.	NAME OF HOS	PITAL, NURSING H		ER INSTITUTION		CUPATION (TYPE)	DF WORK 1	OR INDUSTR	SINESS
11	NO SES	(9	IEN BU	LYNIE	No	rth ,	trun	1del	Carpe		5	Severn S	
111	20298	13a. S	L RESIDENCE (IF IN NU	RSING HOME OR OTH	IER INSTITUTION, GI	VE RESIDENCE BEFORE AD	MISSION	13d. INSIDE CITY LIMITS?	120 STREET AD	DRECC		2106	il
773	る芸田の数	130. 3	Ind	AA		// / . \ /	Survie	YES NO		6/00	1005	ter .	Dr.
ND.	T 000 05	14. F/	THER'S NAME	MID	- Par			15. MOTHER'S MAIL	DEN NAME				
E, A	\$25 SE		lyde	D		Reeds	v	Ethel		L.		COX	
BALTIMOR	N N N N N N N N N N N N N N N N N N N	16a. V	AS DECEASED EVER			16b. SOCIAL SEC		17. INFORMANT		ADDRESS 8138	Uaro	old Ct.	Ant 3D
E	AFTER INE PA H FOR AGES I ISION	{Y	S, NO, OR UNKNOWN)	WWII	OR DATES]	226.28.6	6658	Mr. Glenn	n E. Reed	7		nie. Md.	2106
-	URS AFTER 8. GIVE PA WITH FOR IT. PAGES DIVISION	-	18 CAUSE OF DEAT	H (Enter only on	e cause per line	far (a) (b) and (c)				- GIEII	BUIL	APPROXIMATE BETWEEN ONSET	INTERVAL
IST.	NE SE		PART I DEATH W	AS CAUSED BY:		(0), (0), 0110 (0)	(1 Av	-diac	Any	est.		BETWEEN ONSET	AND DEATH
PRESTON ST.	2 E C E C >			IMMEDIATE CA		AS A CONSEQUEN	NCE OF	Cin					
RES	WITHIN : NCIL IN AINER AI TRANSIT LYAL HY	10	Conditions, if	any, which			A.	50.	11 1				
	NE AND STAN STAN STAN STAN STAN STAN STAN STAN	-10	gave rise to couse (a) stating		(b)	AS A CONSEQUEN	ICE OF	J. C.	0.0				-
201 W.	XAMI XAMI N. O.		lying cause last.		DOE TO, OK	AS A CONSEQUEN	ICE OF					100	
	XECUTED JG. IN PE JAL EXAN BURIAL - AND MER		PART 2 OTHER CICMIEICAN	T CONDITIONS CONTR	(c)	But hat attach to the	770111111111111111111111111111111111111	OR CONDITION GIVEN IN P					
RECORDS,	M ≤ Y A T ≥	z	TAKE Z OTHER MONIFICAN	T COMBITTONS CONTR	IBUTING TO DEATH	BUT NOT KELATED TO THE	E TERMINAL DISEASE	OR CONDITION GIVEN IN P	ART 1 · a				
REC	MED BE AND AS A LEALT!	CERTIFICATION	19e. DATE OF OPERA	ATION	Tink CONDII	ION FOR WHICH (ODED A TIONI W	AS DEDECIPATED?				20 AUTOPSY?	
	Q Q = 3 % %	5	170.0712.01.01.217		IND. CONDI	TONTOR WITHCH	DE LEATION W	AS FERT ORMED:					- 4
OF VITAL	NOR	E .	21a EXTERNAL CAU	SEWAS	21b. TIME OF	INTURV	121. HC	OW INJURY OCCURR	IFO - FAVED ALL VILLE	F MANUAL MANUAL AND A		YES L	NO
Ö	HE WENTER		UNDERLYING -	OR	HOUR A.M	MONTH DAY	YEAR ZIL. HC	JAN HAJORT OCCURR	ED SENIER MATURE	F INJURY IN HEM 18 PA	RITORPARI	21	
DIVISION	CERTIFICATE SH SITING THE WOR DED TO THE CH E 3 SHOULD BE U E DEPARTMENT OI PRIOR TO BUR	MEDICAL	CONTRIBUTING 21d INJURY OCCUR		H P.M			CATION					-31.72
2	IS CERTING VRITING VRDED VRDED GE 3 SH GE 3 SH ZOI PRI	MEC	WHILE NOT AT WORK	WHILE		ORY, FARM, ETC.)		TREET	CITY O	RIOWN	COUN	NTY	STATE
	I>244-		AT WORK AT W	/ORK			-						
	ATE, ORV VD, YD,		22a I certify that	I took charge of t	the remoins des	cribed obove, held	on Autop	sy 🔲, Inspecti	on . Inqu	iry . ond	in my opir	nion	
	N S N D T S		death resulted from	n: Natural co	uses .	Accident .	Suicide	. Homicide .	Undetermine	monner .			
	EXAMI CERTIF JID BE DIREC WITH AARYL	0	1	11'11	. /			TITLE (SPECIFY)				,	,
	A THE		ACTUAL SIGNATURE	Mellia	-4	Safe	mon	Deputy Deputy	MEDICAL EX	CAMINER	DATE	6/261	186
	SEA SEA					// "		W 1 1 1 1 1 1			3101120	1	
	MED SE 4	10000	EXAMINER'S NAME (TYPE OR PRINT)	William F	Jones.	M.D.		ADDRESS_ 695 A	America Ort	Davidso	nville	e, Md. 21	.035
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTMORE, MARYLAND, 2	23a. B	IRIAL, CREMATION, R				CEMETERY O		23d LOCATIO				
07/84	BP	(:	Burial	Jun	e 30,19	986 Glen	Haven M	em. Park	Glen	Burnie	A A		id.
25M	DHMH - 17	24. FI	INERAL DIRECTOR		2/1/	-			REC'D. BY REGIS	TRAR 125h REGIS	TRAR'S SIG	GNATURE	
	(VR A15 ME (5))		ingleton 1	Phineral	Horse	Glen Burn	io Mass	vland JUL	1 - 198	gula Da	M4001	-Mandens	
		-	- Ind To Coll 1	, unchut	TOTAL C	A COLL DUELL	TO!	y Lauri					

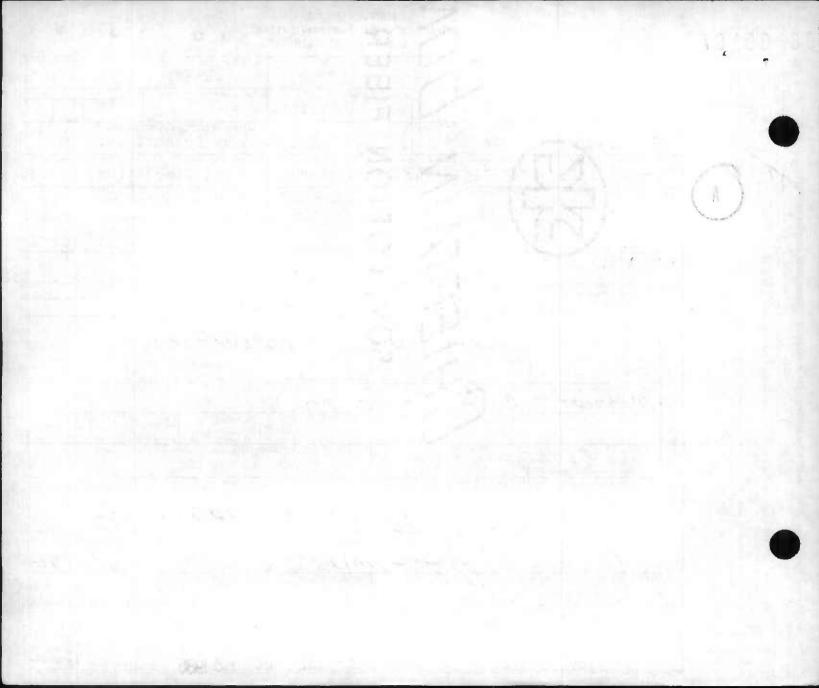
Lee Reedy Flew Burnie Worth Arundal Md AA Cole Sware 300 Clourster Dry Cordina Arest O V. 2 2. A 18/20/3

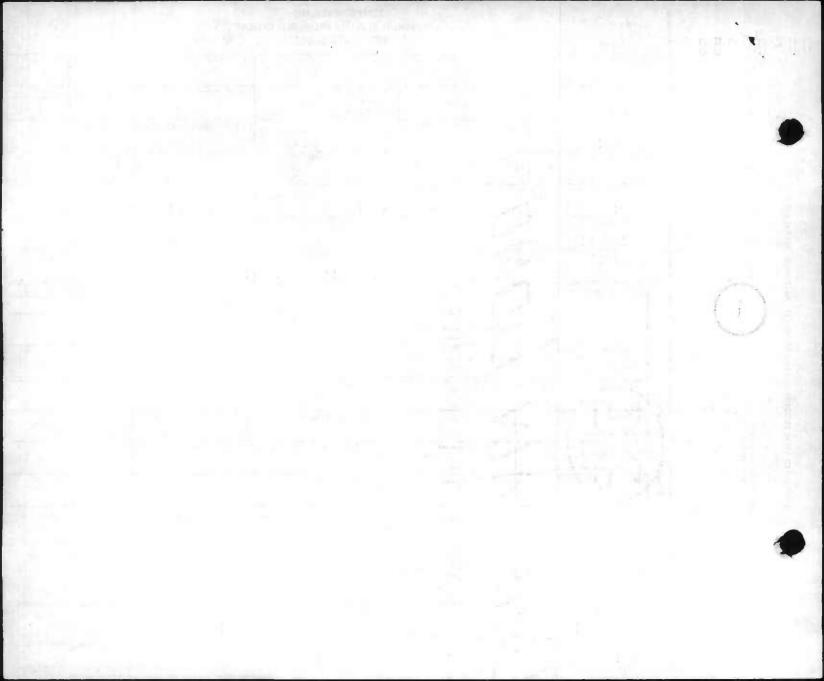
9	th Fage 4 may be	ECTOR. After this certificate been signed by the offending physician and amplititity filled in by the tungsal director, page 3 discuss as the burial filled in by the tungsal director, page 3 discuss as the burial filled in this 2 having the death
ND 2120	ATESDING PHISICIAL The low requires that the death certificate be executed within 24 hours after death. Tage 4 may be noting as a strength and section.	filled in by the turger auld be thed wright?
LTIMORE, MARYLA	e be executed within	con and completely en. Pages 1 and 2 sh
r. PRESTON ST., BA	the death certificat	the ottending physical remains containing physical physic
L RECORDS, 201 W	ne low requires that	has been signed by perge. Then please
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	ATTENDING PHYSICIAN The	After this cart iche
1	ATTEND	ECTOR, d for une

3.5	1 -	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND CERTIFICATE OF I		8 6 NO.	15	8 9 8
		CEASED NAME FIRST	MIDDLE	LAST	20. D.	ATE OF DEATH MO	ONTH DAY YEAR	26. HOUR
-	{ I A P E	OR PRINT) Harr	y R.	Reeside		June ;	23.1986	M
23E	3. SE)	Male	4 RACE	5. DATE OF BIRTH	6 AG	E (IN YEARS LAST BIRTHDA	MONTHS DAYS	IF UNDER 24 HRS
224			White	May 12,19	109	77	YRS	NIN,
15	Ma ^o	RTHPLACE (STATE OR FOREIGN Pyfland	USA	MARRIEDEN NEVER	MARRIED . 9. BAI	A.A.Co.		MD
180 20		en Burnie	11. NAME OF HOSPITAL, NU CIENOT IN SUCH FACILITY, GIVES NOT LA TUR	pring home or other ins idel Hospita	120 U	ress occupation	Tatto Proshe	et Meta
\$5	USUA 130 S	AL RESIDENCE (IF NURSING HOME OF TATE ATYLAND 136. SOUT	A.Co. Pasac	BEFORE ADMISSION) 10WN 1 INSIDE C	CITY LIMITS? 13 ST	2502°078846	Pasad St Glen I	ena, Md
10		THER'S NAME Henry	MIDDLE LAST	Reeside	's maiden name Cora	AIDDLE		rone
/ medical				security no. 17 informa 09-8828 Mrs.		eside, Sa	me as abo	
event, thu		PART I, DEATH WAS CAUSE	nly one couse per line for (a), (b ED BY: TE CAUSE (a)	Endic. MILL	ardul.	di predes		ONSET AND DEATH
r other traumatic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS (b) R 1 DUE TO, OR AS A CONS	and little	Carlol	AX Llie	10/2	7
injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOTRELATED	DIO THE TERMINAL D	ISEASE OR CONDITI	ION GIVEN IN PART 10	0
1000		190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION WAS PERFO	9.00		Ob. IF YES, WERE FIND IT N CERTIFYING CAUSES YES []	
19		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	NJURY OCCURRED (E	NTER NATURE OF INJURY IN	NITEM 18 PART (OR PART 2)	
a o pay	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	211 LOCATION STREE	ON 1	CITY OR TOWN	COUNTY	STATE
m 21 is ma		220.1 certify that (I) (this hosp saw the deceased alive or abave, (I) (40) (did no	ital attended the deceased from 21	19 and that in (my	19 19 10, to		and hour and from the	1
150 150		226. SIGNATURE	Jedh	DEGREE 220 ADDRES	PHYSICIAN DIRE	STAFF	NO M. ONE	23/16
MPORTA		BENJAM	IN BERL	BAR				
7 . 7 .	23a B	URIAL, CREMATION, REMOVAE SPECIFY) Burial	6/26/1986	23c NAME OF CEMETERY OR Glen Haven N		LOCATION Len Burn	nie, A.A.Co	state o .Md .
M 7/B4	24. FL	neral director M sadena, Mary l	+ & Mialmool	K Rds.		D. BY REGISTRAR 256	REGISTRAR'S SIGNAT	URE

STATE OF MARYLAND

	Ac the said					
		Del . 3				
		100				
					District Delic	
til				. 15		
			Slare.	- 1000		
	1 1	50.3	ar a			
		15	NO BY			
	oberte suite	ten len.				
	Later to the			02		





DHMH - 15 50M 7/84

(VRA.15, 4)

Raymond

Fink

STATE OF MARYLAND

	FOR STATE REGISTRAR	DEPARTM	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 6 REG. NO.	5901
	I. DECEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 EDT
	Carrie	Althea	Riley	June	
	Fernal Pernal	1 RACE Whit	5. DATE OF BIRTH MONTH 9 24 1920	6 AGE (IN YEARS LAST BIRTHDAY) 65 YRS	FUNDER 1 YEAR IF UNDER 24 HRS
	78. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	BALTIMORE CITY OR COUNTY	OFDEATH
)	Maryland	U.S.A.	WIDOWED DIVORCED	ANNE ARUNDEL	MD
8	W CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET A		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE Wiring	12b. KIND OF BUSINESS OR INDUSTRY Westinghouse
H		NORTH ARUNDEL HO	ADMISSION)		
5	Maryland 136 COU		urnie YES \(\text{NSIDE CITY LIMITS?}	13e.STREET ADDRESS / ZIP CODE 215 Kent Rd	21061
7	14 FATHER'S NAME		15 MOTHER'S MAIDEN NA		LAST
	William	C. Knight	Beula		Hurley
_	160 WAS DECEASED EVER IN U.S. AL		0-1	ADDRESS	
	No	212-05	8/09 George F.	Riley 215 Kent	
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one cause per line for the dance	die la lege	Ul Proper	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		ATE CAUSE (a)	e any loan	of Vineur	
	The Average of the Av	DUE TO, OR AS A OF EGO	10 C		
	Canditions, if any, which gave rise to immediate	(ti) 113	(Ti)		
	couse (a), stating the underlying cause last.	DUE TO, OIF AS A CONSEQUE	NCE OF		
	PART 2. OTHER S SHIP ICANT	COMBITIONS CONTRIBUTING TO 1	SATH BUT NOW BELATION TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN FART Lin
	11 / 1 / 1 / 1	They towal	reposare	ma	45 00 00 00 00 00 00 00 00 00 00 00 00 00
6	The DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19L CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED TYING CAUSES OF DEATH?
<	16		C. N.		5 NO. []
>		A CONTRACTOR OF THE ASSESSMENT OF THE PARTY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM TO	PART I OR PART 2)
7	S IN ETHER MOTEST MEDICAL ELEMINE	(I) P.M.	19		
	OR CONTRIBUTING CAUSE OF DE	THE PLACE OF INJURY LATHONE STREET FACTORY OFFICE, P.	ARH. STC 1 711 LOCATION	EITYOLTOWN	COUNTY STATE
	AT WORK	100	6/2/3/8	6/28/PL	
	27s certify that (I) (this hosp	1 1 9 11 1 10	and that in Imy Jauri opinion	death occurred on the date and hou	r and from the course stated
	22 SIGNATURE	with yew the body offer death.	DEGREE		The DATE SIGNED. / a.
	1/11/20/20	a Allowy	ATTENDING PHYSICIAN I	DIRECTOR PHYSICIAN	6/28/17
+	DE PHYSICIAN NAME VINE	Copandi	270 ADDRESS	e parcelor Clause and Cla	21061
	TORGE B-RAM	IREZ M.D.	7845 OAKWOOD	ROAD GLEN BURNIE	, MARYLAND
	23s. BURIAL CREMATION, REMOVA	L 23k DATE 23k N	NAME OF CEMETERY OR CREMATORY	23£ LOCATION	
	Burial	7 1- 1986 G	len Haven Mem P		
	24 FUNERAL DIRECTOR		25a DA1	E REC'D. BY REGISTRAR 25h REGIST	TRAR'S SIGNATURE

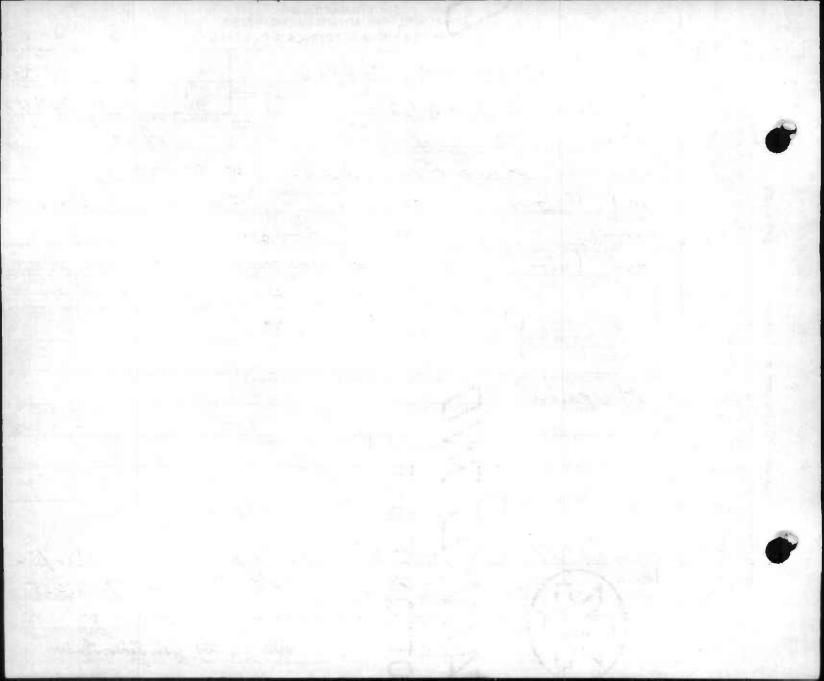
Glen Burnie Md

The state of the s THE ST. New LICE W. Allers of CA. La real to the first term of the literation to see all the File (II all all courses and the second Payronting - Panty - a cauti se Bura s Mar a cauti se a fair a se a cauti se a cauti se a cauti se a cauti se a

		11-	FOR STATE	DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL	0 %	5 9 0 2
00-	10112		REGISTRAR CEASED NAME FIRST	MEDICAL EXAM	AINER'S CERTIFICATE	KEG. NO.	
	ASE ES. IET,		PEOR PRINT) ANNA	JUNE	RITTER	20. DATE KNOWN A POPE STI-	6 12186 26 HOUR
	PLE FILE STREET	3 SE	male White	MONTH DAY YEAR LAST B	(IN YEARS IF UNDER 1 YR. IF UNDE IRTHDAY) MONTHS DAYS HOURS YRS.	R 24 HRS. 26. DATE M MIN PRONOUNCED DEAD	6 16 19 YEAR 2d HOUR 1143
	HELESARY, PLEASE UNERA DIRECTOR. FOR YOUR FILES WITHIN 73 HOURS PRÉSION STREET,	138	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MAR		COUNTY OF DEATH
	PAGE S	10. C	NDSYLVANIA	11. NAME OF HOSPITAL, NURSING H	IOME, OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF	WORK 176 KIND OF BUSINESS OR INDUSTRY
	REZECT -	USU	AL RESIDENCE (IF IN NURSING HOME OR TATE, 136 CQUINT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE AL	DMISSION	13e STREET ADDRESS	21403
MO 21201	- 4 m F m -		ATHER'S NAME	A Hnnap	IS MOTHER'S MAIL	DENNAME	
	ANE SOLL	160	VAS DECEASED EVER IN U.S. ARM	MIDDLE LAST LED FORCES? LIAB SOCIAL SEC	URITY NO. 17. INFORMANT	Unknown	LAST
	I GINE PA WITH FOR PAGES DIVISION	0	(IF YES, GIVE W	220-44	.0105 Ada E.	Whelan-Annap	urnside Ave
5	\$202#	-	18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE	1 6 1	1	- M)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NODA	THIN 24 CIL IN ITE WER ALCY ANST PE REMOVA	ľ	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF		
3,100	AMP PEN	1	gave rise to immediate couse (a) stating the <u>underlying couse last</u> .	DUE TO, OR AS A CONSEQUEN	NCE OF		
C	894236	z	PART 2 OTHER SIGNIFICANT CONDITIONS C	DHERIBUTING TO DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CONDITION GIVEN IN P	ART I (a):	
23 A F	当の出場で	THICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH (OPERATION WAS PERFORMED?		20 AUTOPSY? YES NO W
0 2	S THE WOOD T	ALOPH	218 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	74
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CERTIFICATE, WRITING THE WOOD PAGE 4 SHOULD BE FORWARDED TO THE CHI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR DEBURY	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HO) STREET, FACTORY, FARM, ETC.)		CITY OR TOWN	COUNTY STATE
	FICATE, T FICATE, T FICATE, P CTOR: P T THE ST LAND, 2		22a I certify that I took charge	af the remains described above, held	an Autapsy , Inspect	Inquiry , and in	т ту оріпіол
0	AL EXAM HE CERTI HOULD B HOULD B TH, WITH		ACTUAL SIGNATURE	9 Wast	TITLE (SPECIFY)	MEDICAL EXAMINER	DATE 6-16-YU
	MEDIC ECUTE TI GE 4 SH FUNER TER DEA		EXAMINER'S NAME James	E. Wheeler, M.D.	ADDRES 1116	Gumbottom Rd. Crou	
07/8	BP BP	23a. B	urial, cremation, removal 23 remation Ji	10 DATE 234 NAME OF	CEMETERY OR CREMATORY	Suttand	COUNTY STATE
25M		1	UNERAL DIRECTOR NAME LUICY TUDEVO	Chapel-Anna	polis MI) 250. DATE		AR'S SIGNATURE

The transfer of the second of Bolling I have been Book to be Front English Bill.

4			FOR					ARYLAND	TYGIENE				
20			STATE REGISTRAR		MEC	ICAL EXAMI	NER'S C		OF DEATH	6 REG. NO	5	9 0	4
U U - 1	10653	1. DE	CEASED NAME E OR PRINT)	EIRST	.011	MIDDLE	5	LAST	2e DA	TE KNOWN	MONTH D	DAY YEAR	26 HOUR
	2000年	(117	CK PRINT)	JRAN) Wette	Ruth	Koc	IRS	DEA	ATH MATED	16 13	1986	1343
10	PER	2. SEX	4 RAC	E	5. DATE OF BIRTH	YEAR LAST BIRTH	YEARS IF UN	DER I YR. IF UNDER		ATE OUNCED	MONTH E	DAY YEAR	24 HOUR
1	N 02008	/		Au	8 1	23 62			D	EAD		5 1986	1337
-	SHEER A	FO	RTHPLACE (STATE OR REIGN COUNTRY)		/b. CITIZEN OF WH	AT COUNTRY?		ED NEVER MARR	HED X X	TIMORE CITY O	T	OF DEATH	
v	SEN		colorado	ATH	USA	PITAL, NURSING HOA	WIDOW			CUPATION (TYPE	5 OS WOOV 12h	. KIND OF BU	MD
	A PAGE	1	INNADO	lis	(IF NOT IN SUCH FAC			loen.	FOR MOST OF	Groome		OR INDUST	RY
	0.000	13a. S		ISING HOME OR		RESIDENCE BEFORE ADMIS	SION)	134. INSIDE CITY LIMITS?	13e. STREET AD	DRESS .	. 2	021	/
23	6個報記 つ		md.	A	A.	Lothir	42	YES NO		ORI	b5	Dr	
M di	理なりの	14 F/	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAID	EN NAME	MIDDLE		LAST	
*	A SE SEE	_	Raymond	A		Rogers		Gerttu	ıde		Key	ser	
BALTIMO	SE S	16a V (Y	VAS DECEASED EVER	(IF YES, GIVE W	VAR OR DATES)	16b. SOCIAL SECUR		17. INFORMANT	2000	ADDRESS		+ b C+	3737.0
PA.	PAC GIVE	<u> </u>	Yes	WWII		579-20-	2587	Nancy Ro	gers	505 Ea	SL /9	APPROXIMATE	
17	NE NE NE		18 CAUSE OF DEAT PART I DEATH W	AS CAUSED	BY:	for (a), (b), and (c).)	~ d	1- A	nne	· + ·		BETWEEN ONSE	T AND DEATH
10	OVA OVA			IMMEDIATE		AS A CONSEQUENCE	OF	70	,, , ,				
PRES	WITHIN 24 H MINES ALON MINES ALON TRANSIT PER ENTAL HYGIE OR REMOVA		Canditions, if a		(b)	A	5.C	.VID					
*			cause (a) stating	the under-		AS A CONSEQUENCE	OF						
. 201	XECUTED WI NG" IN PEN CAL EXAMI BURIAL - TR I AND MENI AATION, OR				(c)								
RECORDS,	RE EXECUTED IN PROPERTY OF A BURNAL AND MICHALL BAND MICH	2	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TEL	IMINAL DISEASE	OR CONDITION GIVEN IN PA	ART 1 (a)				
SEC.	LID BE DONE DONE DONE DONE DONE DONE DONE DON	DE.	19a DATE OF OPERA	1. 6 9 44		ON FOR WHICH OPE	RATION W	AS PERFORMED?				20 AUTOPSY	2
TA.	284899	H			178 CONDI	ON TOR WINCIPOLE		ASTERIORNES:			ľ	YES []	
OF VI	T SECTION TO SECTION T	CERTIFICA	210. EXTERNAL CAU	SE WAS	216 TIME OF		21c HC	OW INJURY OCCURRE	ED (ENTER NATURE (DE INJURY IN ITEM 18	PART I OR PART 2		NO DX
NO NO	FICA THE		UNDERLYING CONTRIBUTING			MONTH DAY YEA	AR						
DIVISION	TING TING 3 SH	MEDICAL	21d. INJURY OCCUR	RED	21e PLACE C			CATION	6774.0	ORTOWN			
ā	THIS CERTIFICATES WRITING THE WORNARDED TO THE CONTROL OF THE CONT	2	AT WORK AT W	WHILE	JIKEET, TACT	5K1, 1 MKM, E1C.)		11000	CHYC	RIOWN	COUNTY		STATE
	A SECOND		22a 1 certify that	I taak charge	af the remains desc	ribed abave, held an	Autops	sy 🔲, Inspectio	in Inqu	Jiry , on	id in my apinio	on	
7-	EXAMINER CERTIFICAT DIRECTOR: WITH THE WARYLAND		death resulted from	n: Natura	al causes	Accident, S	Suicide .	, Hamicide .	Undetermine	d manner .			
1	DIE DIE		ACTUAL A	11:11	1 - 1	1/2	20	TIPSISPECIFY	_		DATE	.1.	h
•	SHAN SHAN		SIGNATURE	un	can por	471	M.	D. Lagran	MEDICAL E	KAMINER	SIGNED	4/16	186
	TO MEDICAL EXECUTE THE PAGE 4 SHOT TO FUNETAL AFTER DEATH BARTIMORE		EXAMINER'S NAME (TYPE OR PRINT)	Will	liam P.	JONES	mo	ADDRESS 69	5 Am	erica	Ct.	210:	75
	BP BB	(:	urial, cremation, pec Burial	1	9June86	Fort L		r CREMATORY Ln Cemete	23d. LOCATIC CITY OR TOWN	rentwo	od 1	PG st	Md
	DHMH - 17	24 F	INERAL ROBET		Vilhelm ss	No.		- 33 5 M		TRAR 25b REGI	A	- 4	
	(VR A) 5 ME (5)) 20M 4/82		Funer	al Ho	ome	Suitland	, Md.	เป็นท	24.198	Julia	Dendur	Kandaza	E
	POLAT AL OF												



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 0 CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME FIRST MIDDLE MONTH 26 HOUR LIYPE OR PRINTI 28 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3 SEX 5 DATE OF BIRTH MONTH 98 ()) white 88 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED Savannah Geo U.S.A. WIDOWED Anne Arundel CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Annapolis conv. Annapolis Center sales retail SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? A.A. Md. Annapolis NO 1110 West 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE LAST FIRST Lazarus Roth Bertha Fisher 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Pages (IF YES GIVE WAR OR DATES) 2400 Virginia AVe. NWC929 yes 217-32-8670 Melville Roth 18 CAUSE OF DEATH (Enter only one cause per line for corbonpope PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO CERTIFICAT 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? per Mentol Hygiene NO iol-fronsit 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P AA 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE AT WORK 220 1 certify that (1) (this hospital) attended saw the deceased alive an and that in (ray) (and apinian death accurred an the date and haur and fram the causes stated obove, (1) (see) (did pot) view the body ofter death. NGNED 22b SIG-MILIRI ATTENDING () be deto PHYSICIAN DIRECTOR PHYSICIAN PORTANT th the 230. BURIAL, CREMATION, REMOVAL 23b. DATE NAME OF CEMETERY OR CREMATORY STATE (SPECIFY)

Annapolis

250 DATE REC'D. BY REGISTRARI256, REGISTRAR'S SIGNATURE

Israe

12 Ridgely Ave.

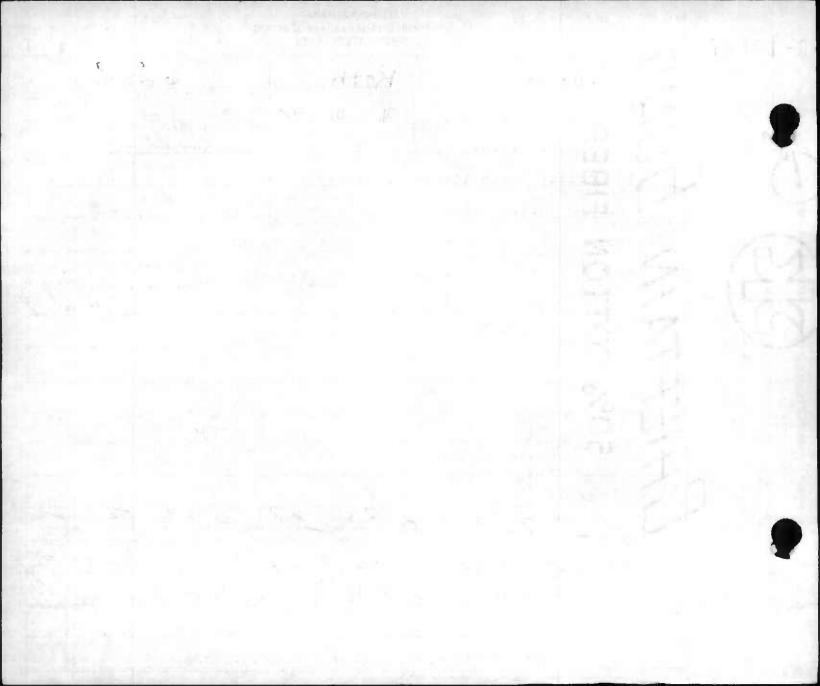
DHMH - 16 60M 7/84 (VRA 15, 4)

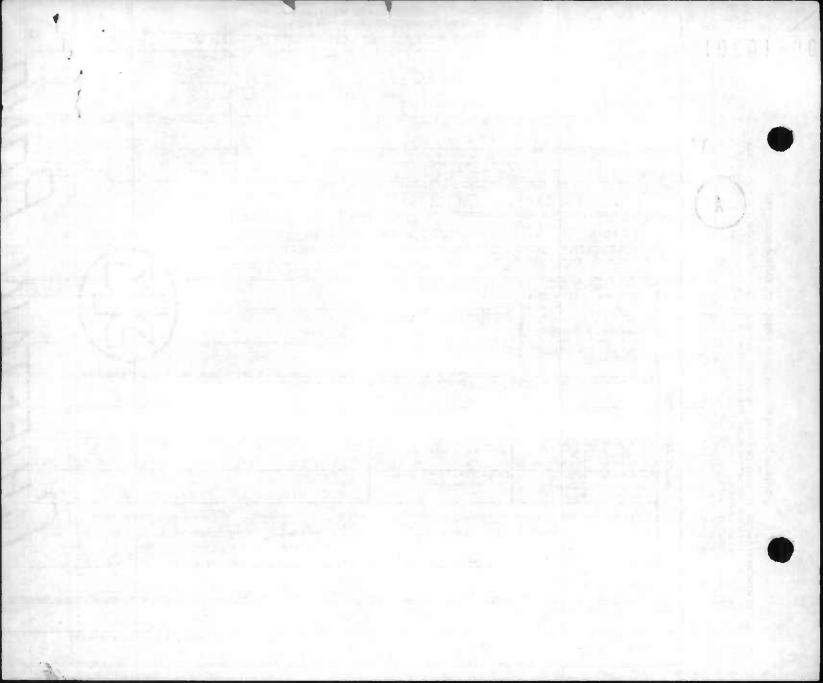
Burial

24 FUNERAL DIRECTOR

6/25/86

Hardesty Fuenral HomeAnn.Md.





6 3

6

STATE	OF	MARYLAND
211116	٠.	MAKERINE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6 REG. NO.	15	4	0	-
					_

	1-	FOR STATE REGISTRAR		DEPART		EALTH AND	MENTAL HYG	IENE	8 6 REG. N	10.	5	9	0	1
	{TYPE	CEASED NAME A FIRST	MIDO	DIE	R	owe			TE OF DEATH	6	20	86	8 HOUR	м
	3. SEX	Female	Caucasi		5. DATE C		- 98		(IN YEARS LAST BI	YRS.	IF UNDER	DAYS	HOURS	AIN.
1	Ka	RTHPLACE (STATE OR FOREIGN COUNTRY)	United	States	MARRIED NEVER MARRIED			Anne Arundel						MD.
1	Ar	napolis	Annapol	is Con	vale:			126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker Home					SOR	
6	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 138. STATE Maryland A. A. Arnold 136. INSIDE CITY LIMITS? 138. STREET ADDRESS / ZIP CODE 510 BayHills 14 FATHER'S NAME								DE Dr.	./21	012			
E	01	ran		gonbri	_	Mar	Y	WE	E.		Call	noun	ı	
	166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 579-14-3777 Mary Parker (Same as #1										**			
		18. CAUSE OF DEATH IEnter only one cause per line for (a), (b) and ic.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Cardiac arrhymThia										APPROXIM ETWEEN ON TIM M		-
		Conditions, if ony, which gove rise to immediate DUE TO, OR ASA CONSEQUENCE OF Theresclerus is (b) Devere Theresclerus is									,	Yrs)	
		cause lost. DUE TO, OR AS A CONSEQUENCE OF A Lem, paraly SIS							14	Irs				
	NOI	1) Demen Tia	CONDITIONS CONT	ON TO		NOT RELAT	ED TO THE TERM	INAL DI	SEASE OR CON	NDITION G	IVEN IN P	PART Ita		
7	CERTIFICATION	190. DATE OF OPERATION		ON FOR WHICH	OPERATIO			YES		IN CERT	ES, WERE FIFYING C YES [AUSES C	S USED F DEATH	1?
1	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M.	MONTH D	AY YEAR		INJURY OCCUR	RED (EN	ITER NATURE OF INJ	URY IN ITEM 18	B PARTIOR F	PART 2)		
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, F	FARM, FTC)	211. LOCA STR			CITY OR TO	OWN	cou	UNIY	ST	ATE
		220 1 certify that (1) this hasp saw the deseased alive of above (1) (ve) (find) (did no		-			7 (our) opinion	death oc	curred on the c	date and he	., 19_ <u>()</u> our ond li		ouses stat	
		226. SIGNATURE M.D DEGREE ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN									220	DATE S	U/	€.
		276 PHYSICIAN'S NAME / TYPE	1. Frien	1		20 5	- Kidg	ely	he	An	u gov	lis,	WE	1.
		SURIAL, CREMATION, REMOVAL	236. DATE				ationa		LOCATION CITY OR TOWN	020	COUNT	V.	Λ 51.	ATF
		INERAL DIRECTOR	10-24-00	O AI	TTIIR	OII IV			rlingt BY REGISTRAF		STRAR'S S			_

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR, After this should be detached for use as the burith the State Dept of Health and MIRPORTANT. If New 21 is marked or

Barranco Severna Park, MD 21146

The successor of the content of the

.net mižna žmetak met mižim * "L23Li

wholesakah alla disebat at its

r :

delig to sense process of the

0-09082	1 -	FOR STATE REGISTRAR			DEPARTM	ENT OF H	OF MARYLA	NENTAL HYG	0	6 _{NO.}	1 5	5 9	0 8
y be seed the			Willi		J.		chreck		2a. DATE OF DEA	TH MONTH	7		3:30P.M
4 may ar. pa	3 SE)	Male	4.	race Whi	.te	5. DATE O	F BIRTH	20	6. AGE (IN YEARS LAST BIRTHDAY) IF L. MON				FUNDER 24 HRS
eath. Page		RTHPLACE (STATE OR FORM	IGN 7b.	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED X WIDOWED				X NEVER MARRIED		9. BALTIMORE CITY OR COUNTY OF DEATH Anne Arundel			MD
off	7-	iy or town of death asadena	11	NAME OF H	HOSPITAL, NURSING HIFACILITY, GIVE STREET A Geneva Ko	G HOME O			120 USUAL OCC (TYPE OF WORK FOR EXPICE	MOST OF WORKIN	G LIFE) IND	USTRY.	BUSINESS OR Elect
filled ould be	13a S	A RESIDENCE (15 NURSING TATE 13 ryland	COUNTY		GIVE RESIDENCE BEFORE 134. CITY OR TOWI Pasadena	۱ ۱	13d. INSIDE CI	TY LIMITS?	13e STREET ADDI 8463 Ge			2112	22
mpletely and 2 sh) FA	THER'S NAME Millard		DIE A•	Schr	eck	15. MOTHER'S	MAIDEN NAM		M •		ABI	oott
n and co		VAS DECEASED EVER IN ES. NO OR UNKNOWN) (D FORCES?	166 SOCIAL SECUI 212-12-7		17. INFORMAT Paulir	ne C. S		Same	as l	3e	
that the death certificate d by the attending physici ease remave carbon papes ol, cremation, ar remaval. ar ather traumatic event, th		Conditions, if ony, w gove rise to immed couse (a), stating	MEDIATE (DUE TO, O	Card	NCE OF	ar lev	ti ,	Lent	Du	lar	APPROXIMA	VTE INTERVAL SET AND DEATH
been signed rmit. Then ples prior to burno any injury, or	ATION	PART 2 OTHER SIGNIF	be	les -	ONTRIBUTING TO D				INAL DISEASE OR	? 20b. IF	YES, WER	FINDING	
G PHYSICIAN: The large and the serificate has less the burialstransis perrand Americal Hygiene perded or them 18 shaws a ked or them 18 shaws a serification of them 18 shaws a serification or them 18 shaws a serification of them 18 shaws a serification of the serifi	MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDER! OR CÔNTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	SE OF DEATH EXAMINER)	P. 21e PLACE	M. MONTH DA M.	19	21c HOW IN		YES NO				F DEATH? NO STATE
OR ATTENDINING the haspital at a DIRECTOR: After the process of th	٨	220.1 certify that (I) (the saw the deceased obove, (I) (we) (did 22b. SIGNATURE				, on	DEGREE	TTENDING	death accurred on	STAFF			
O HOSPITAL etained by t TO FUNERAL shauld be det with the State		22d. PHYSICIAN'S NAM	oro	NGOI	V M	0	22e ADDRESS	Good	HOLL MA.	HYSICIAN L	FER	ZRY 7	RD

23¢ NAME OF CEMETERY OR CREMATORY

Glen Haven Mem Park 250. DATE REC'D.

236. DATE 6/10/86

4001 Ritchie Hgwy Balto Md

23a BURIAL, CREMATION, REMOVAL

George J. Gonce

24. FUNERAL DIRECTOR

Burial

Glen Burnie

JUN 10

STATE Md

DHMH - 16 50M 4/83 (VRA 15, 4)

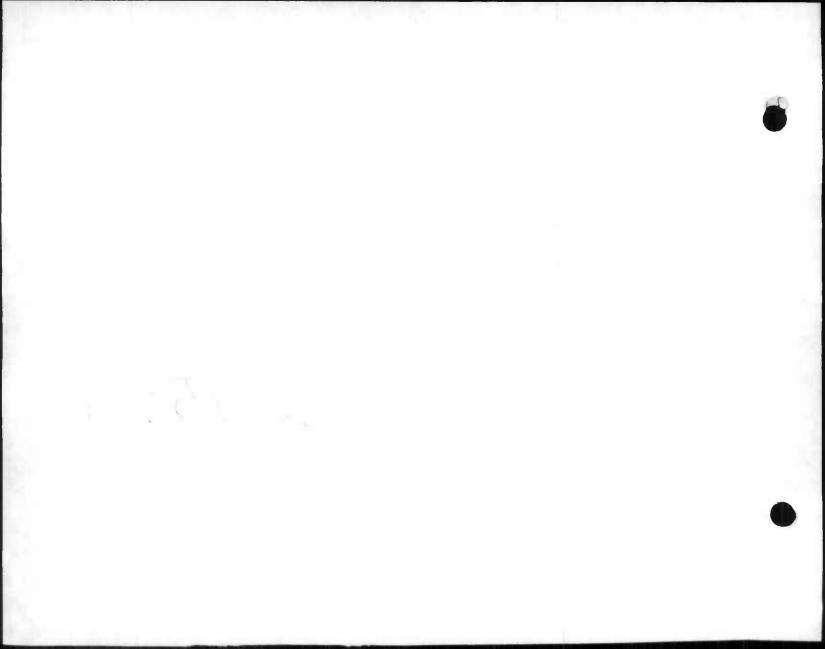
			1.6		
			100		
	L The Land				Anney of
	soci rege		Sulmi prono		
BRIGHT			Sales .	4 - 1 4 -	Bustines
		140	2647165	.4 92	
	de la	A priling	4-1-11-515		
	atrus in	15, 757 0570	ral. gover		and The
	See Land	n owner	antella hage	in rong	

2		1			STATE OF MARYLAND		
00-	00000	1	FOR - STATE	DEPAR	TMENT OF HEALTH AND MENTAL H	YGIENE 8 6	5 9 0 9
0 0 -	09866		REGISTRAR ECEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	TST
	n ξ		ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
2	deoth deoth		GLORI		SCONES		1086 7 15
E	fter p	3. SI	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
0	urs a		Female	White	July 22, 1925	60 YRS	
a.	2 P	70. E	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8MARRIED MEVER MARRIED [9 BALTIMORE CITY OR COUNT	Y OF DEATH
	1	7	Maryland	United States	WIDOWED DIVORCED	-	NDEL COUNTY MD.
01		10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
5 /5 S	11 34		GLEN BURNTI		DEL HOSPITAL	House-wife	Home
22	م و م	USU	JAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSIONI		
ND ZZ	Ille of the season of the seas	3.		e Arundel Pasade	The state with Environment	13e STREET ADDRESS / ZIP COD 818 . 207th St	
LA LA	A 25		ATHER'S NAME	e munica rasauci	15. MOTHER'S MAIDEN N		. (21122)
MARYLAND ed within 24	a S	4	Ulmad and ale	MIDDLE LAST	PWSY	Wichit	(40)
2	Com	1160	Frederick was deceased ever in u.s.	A. Cornell ARMED FORCES? IM SOCIAL SEC	Helen URITY NO. 17 INFORMANT	ADDRESS O4 O	Ringrose
ALTIMORE	nd oges			220-14	4.1. Color (19. 19. 19. 19. 1. color (19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Canada / D 3	, 207th, St.
F ag	rs. P				73	Scones / Pasaden	
BA Sofo	ape ape ovol.		PART L DEATH WAS CALL	only one course per the far far the SED BY:	podie O VATA	Off.	HETWEIN CHOICE STITLE HET HET HET HET HET HET HET HET HET HE
ST.,	600	1	IMMED	IATE CAUSE IN COLOR	Crebera Miller) amoraca	
2 5	or o			DUE TO, OR AS A CONSEQU	UPPO OF F	V	
PRESTON	ove of tion,		Conditions, if any, which	(m) W)	up stres	e +	40.75
g =	the cema		gove rise to immediate	DUE TO OR AS TOOMSED	francilles.		
¥ 10	by ose		underlying cause last.	(a)	Keering gare		The second second
20	ple		PART 2 OHER SIGNIFICAN	T CONDITIONS COMPANIEUTING TO	DE OH BUT NOT BELATED TO THE TER	MINAL DISEASE OR CONDITION OF	VEN IN PART Tup.
DIVISION OF VITAL RECORDS,	Then to b	Z	Hangy	ene (x) to	St Devau	li Dellit	ero 1)
Ö 3	beer mit.	CERTIFICATION	19s DATE OF OPERATION	THE CONTITION FOR WHIC	H OPERATION WAS PERFORMED	28e AUTOPSYT 28h IF YE	5, WERE FINDINGS USED
	has per per	H		BOVENIED STOPPONE			FYING CAUSES OF DEATH?
TA I	nysicio icate ransit Hygie	1 2	ZIm ACCIDENT WAS UNDERLYING	T 21h TIME OF INJURY	21s HOW INJURY OCCU	IRRED CENTER NATURE OF PUBLIC PURISH IN	tend tend
> NA	phy tific ol H ol H		OR CONTRIBUTING [CAUSE OF)	DEATH HOUR A.M. MONTH	DAY YEAR	Maria de la companya	Januaran II
Z SS	ding s cer burio Ment	MEDICAL	214. INJURY OCCURRED		211 LOCATION		
SIC HA	this he b	MEE	white [7] her white [7]	THE PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	FARM ETC.2	EITH OF TOWN	COUNTY STATE
> 0 Z	os t th o		STWORK ALWON LT		1/12 0	1 11	11
O Z	Leo Leo			initial attenued the detected from	PI 111	Y 10 6/16	, 19 , that (I) (we) last
	RECTO ned for ept. of 1		sow the deceased of me above (I) (we) (did vid.	an	, and hat in (my) (our) apinio	on death occurred an the date and ho	ur and from the couses stated
S. S.	DIRE Direction	L	17k SIGNATURE	3/11	DEGREE		224. DATE SIGNED
ALO	y the	1_	V/	AX	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
TIPS	VERA Stale		ZHE PHYSICIANISMAME / THE	EQUADO:	22e ADDRESS		
HOS	retained by the TO FUNERAL I should be deto with the State I		/	<u> </u>		206 CRAIN HIGHWA	
2	sho To	23n	BURIAL, CREMATION, REMOVA	AL ZIB DATE 23c	NAME OF CEMETERY OR CREMATOR	PURNIE NO 2104	1
	DD	1.34	(SPECIFY)	- Allendation		CITY OR TOWN	COUNTY STATE
	BP	24 5	Burial UNERAL DIRECTOR		len Haven Mem.Park	Gien Burnie, A	nne Arundel, Md.
DH	IMH - 16 60M 7/84		NAME		Frountain Rd.	ATE REC'D. BY REGISTRAR 256 REGIS	
	(VRA 15, 4)		McCully Funera	l Home / Pasaden	a, Md. 21122	UN 1 0 1986 Caria	Sandam from top

	- 1				STATE OF MARYLAND			
10-10620		1 - :	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	8 6	15	9 1 0
0 10020		DECE	ASED NAME FIRST	WIDDLE	LAST	REG. N 20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
e 4 may be tor. page 3 offer death		(TYPE O	Kathay	rine Gries	t Seibel		1.Pl 90	986 M
4 mo	3	SEX		4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BH		DER I YEAR IF UNDER 24 HRS
Prope 4 director hours of	1		HPLACE (STATE OR E OREIGN	76. CITIZEN OF WHAT COUNTRY?	March 5, 1906	9. BALTIMORE CITY C	YRS OR COUNTY OF D	EATH
O P	3	1	nnsu vania	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Anne	Arund	P MD
a thing	1	CITY	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION DEWORKING LIFE] IN	L KIND POBULINESS OR
700		USUAL	RESIDENCE (IF NURSING HOME OR	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)	HEI TEAC		Schools
AND 324	0	0	D B	A Hnnap	NO YES NO	11215 HI	SHOULEN	Drive
ARMI ARMI	50	4 FAT	HER'S NAME EIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME-	1.1.	LAST
A (20)	37	60 W			JRITY NO. 17, INFORMANT	.aADDR		sameas
INO B	2/	(YE	(IF YES, GIV	214-28-	5106 Frederick	R. Seiba	el Jr.	#13
BAL licate hysicis poper avoil	11.13	1	8 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b).	MODALA H	wom be	818 -	BETWEEN ONSET AND DEATH
N ST.	4 4		IMMEDIA	TE CAUSE (0) DUE TO, OR AS A CONSEQU	IENCE OF	00100100	7.0	3 7 6 17 149
depth	on on one		Conditions, if ony, which	(b)	accor accor	MO Scle	well	
W. PR	other		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	ENCE OF			
805, 70 aquires 1 Then ple 10 burle	o laux o		PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CON	IDITION GIVEN IN	PART No
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The fee require of the this certificate the buriol-from the perfect the ond Mental Hygiere print the thool Mental Hygiere print to the ond Mental Hy	2	CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?
ON OF VITAL HYSICIAN: In Inding physical ins certifical buriol-fromit	S 200	CER	2 8 ACCIDENT WAS UNDERLYING	THE PARTY OF THE P	AY YEAR 21c HOW INJURY OCCUP			
N OF VITA	E 7	3 L	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19		12 72 5	
NG PHY offer this os the but thought the but t	orked or		WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	0/86 MU	Musi	Kere Kere
Z o Z e o o o o o o o o o o o o o o o o	SE SI	1		ital) attended the deceased from	Office of the state of the stat		. 19	, that (I) (we) lost
E d Digital	Hem 21		sow the deceased alive an above, (I) (we) (did) (did Ac 22b SIGNATURE	ot) view the body ofter moth	DEGREE O	death grouped on the d	ofe and hour and	from the couses stated
ral OR A y the hos Ral DIREC detoched	*		Dould	(Willia	AL MATTENDING PHYSICIAN	MEDICAL STA		6-19-86
TO HOSPITAL (retained by the TO FUNERAL Is should be deto with the Store II	MPORTANI		22d. PHYSICIAN'S NAME TIMPES	12er 5021	MID ADDRESS	3 St Mon	guet.	3 Koad
Of other	<u> </u>	230 BU	RIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	+ au	tarida
BP	-	(Our a	June 2, 1986	Hillcrest	HINGO	11'S A	H MD
DHMH - 16 50M 4/ (VRA 15, 4)	83	10	TAME YUNDO	al Champland On	one pales MI	IN 26 1000		toon-Nandelel
The second	F	·u	July Janet.	D Chaper II	micher Sum Loc	THE P. 1500	.,,,,	

And the second of the second o The state of the s Libraried Service Commission of CO. Somethy and Allegerial sections in the state of the second state and a section of Property of the state of the st more it was a later to the first of the company Sine was a realist to a second of the second an the same will be the Dellette it to be the The Court of the part of the court of the

CERTIFICATE #86-15911



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

8 6 REG. NO.	-	5	9	
		March 1	MELO	 Ē

JUN 2 4 1986 gruna Davidson francisco

1 -	STATE REGISTRAR		CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	8 6 REG. NO.	1 2 7 1			
	CEASED NAME FIRST OR PRINT) FIX	ances M.		Serio	20. DATE OF DEATH MONTH	23 86 C			
3. SEX	Female	4. RACE White	5. DATE O	DF BIRTH 1896	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER MONTHS DAYS HOURS			
Ç	RTHPLACE (STATE OR FOREIGN COUNTRY) Laryland	76. CITIZEN OF WHAT COU	MARRIE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY <u>OR</u> COU Anne Arun	del County			
)	viera Beach	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV 170 Kenwood	E STREET ADDRESS)	OR OTHER INSTITUTION	Type of work for most of working belt imployed	126 KIND OF BUSIN INDUSTRY Produce&F			
130. S		ME OR OTHER INSTITUTION, GIVE RESIDENCE OUNTY 130, CITY O RIVIE		13d INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIP C	Road 21122			
M FA	ATHER'S NAME FIRST Angelo	Br	ocato	15. MOTHER'S MAIDEN NA Felicia	WIDDLE	Guardina			
16a W	VAS DECEASED EVER IN U.S.		4-5594	C. John Ser:	ADDRESS 1 Lo 114 E. Lexir	Balto Md 2120 ngton Street			
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Sorere Chronic Congestine Heart Failure								
	Conditions if anyki-	DUE TO, OR AS A CON	NSEQUENCE OF	lon = metas	tanfgennliza	1) /4ear			
Ne	Conditions, if ony, whice gove rise to immediate cause (a), stating the underlying couse los	DUE TO, OR AS A CON. (c) OND TO NOT BUTTING	NSEQUENCE OF	NOT RELATED TO THE TERM	()	y) / year			
TIFICATION	gove rise to immediate cause (o), stoting the underlying couse los	e DUE TO, OR AS A CON	NSEQUENCE OF	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION 200 AUTOPSY? 200.	Y) / Year IF YES, WERE FINDINGS US ERTIFYING CAUSES OF DEA YES NO			
CAL CERTIFICATION	gove rise to immediat cause (o), stating th underlying couse los PART 2 OTHER SIGNIFICA	DUE TO, OR AS A CON- (c) INT GONDITIONS CONTRIBUTING 19b. CONDITION FOR THE CONTRIBUTION FOR THE CONDITION FOR THE CONTRIBUTION FOR T	NSEQUENCE OF	NOT RELATED TO THE TERM WAS PERFORMED THE HOW INJURY OCCUR	INAL DISEASE OR CONDITION 20a AUTOPSY? 20b. I	FYES, WERE FINDINGS US ERTIFYING CAUSES OF DEA YES NO			
MEDICAL CERTIFICATION	gove rise to immediat cause (o), stating the underlying couse los PART 2 OTHER SIGNIFICA 198 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	DUE TO, OR AS A CONTRIBUTION (c) INT GONDITIONS CONTRIBUTION FOR 1996. CONDITION FOR	NG TO DE HER HELD NG TO DE HER HELD NG TO DE HER HELD NG TO DE HELD NG T	INDT RELATED TO THE TERM IN WAS PERFORMED 21c HOW INJURY OCCUR 21l LOCATION STREET	INAL DISEASE OR CONDITION 20a AUTOPSY? YES NO	FYES, WERE FINDINGS US ERTIFYING CAUSES OF DEA YES NO			
	gove rise to immediate cause (a), stating the underlying couse loss. PART 2 OTHER SIGNIFICATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXAMILE AT WORK AT WORK AT WORK AT WORK AT WORK AT COURT OF THE	DUE TO, OR AS A CON (c) INT CONDITIONS CONTRIBUTING 19b. CONDITION FOR 19b. CONDIT	WHICH OPERATIO TH DAY YEAR 19 OFFICE, FARM, ETC.)	21c HOW INJURY OCCUR 21l LOCATION STREET 19 nd that in (my) (my) opinion	INAL DISEASE OR CONDITION 20a AUTOPSY? YES NO PROPERTY IN TEA	FYES, WERE FINDINGS US ERTHYING CAUSES OF DEA YES NO MIB PART (OR PART 2) COUNTY			
	gove rise to immediate cause (a), stating the underlying couse loss. PART 2 OTHER SIGNIFICATION 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTHEY MEDICAL EXA 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 27a.1 certify that (I) (hear) sow the deceased alimobove, (I) (may) select (d) 22b. SIGNATURE	DUE TO, OR AS A CONTRIBUTION (c) INT GONDITIONS CONTRIBUTION 19b. CONDITION FOR 1 19b	WHICH OPERATIO TH DAY YEAR 19 OFFICE, FARM, ETC.)	DOT RELATED TO THE TERM THE PROPERTY OF THE	INAL DISEASE OR CONDITION 20a AUTOPSY? YES NO DE IN CITY OR TOWN CITY OR TOWN	FYES, WERE FINDINGS USIERTIFYING CAUSES OF DEAYES NO NO NO B PART I OR PART 2) COUNTY 19 that (I) did hour and from the causes so the county of the courses so the county of the courses so the course so the			
	gove rise to immediate cause (a), stating the underlying couse los. PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTHER MEDICAL EXAMILE AT WORK NOTHING NOTHING SOW the deceosed of obove, (1) (a) significant or control of the couse of the deceosed of the dec	DUE TO, OR AS A CONTRIBUTION (c) INT GONDITIONS CONTRIBUTION 19b. CONDITION FOR 1 19b	WHICH OPERATIO TH DAY YEAR 19 OFFICE, FARM, ETC.)	NOT RELATED TO THE TERM NOT RELATED TO THE TE	INAL DISEASE OR CONDITION 20a AUTOPSY? YES NO DE IN CI RED (ENTER NATURE OF INJURY IN ITER CITY OR TOWN 4. To 986 deoth occurred on the dote one MEDICAL STAFF DIRECTOR PHYSICIAN	FYES, WERE FINDINGS USIERTIFYING CAUSES OF DEAYES NO NO NO B PART I OR PART 2) COUNTY 19 that (I) did hour and from the causes so the county of the courses so the county of the courses so the course so the			

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FINE RAL DIRECTOR, After this certificate has been upded to the best of the buriol-fronsit permit. Then permit that the best of Health and Mental Hygiene prior to buriol.

remains the hospital or attending physician.

ENDING PHYSICIAN: The

ALACE ATTIVATION ST

			.00		
	10 TO	2 7 3			
virus Lebrar	e de mator d'a				information and
			School NV		*** ****
STATE TAX B			ivi.		rgress, and
			-10.	bLes	
	a . Al obser news	~			. Wi
				1/2	
		24.81	7 2 2		
18 85 3			A. Li		3
mes to make	Land Manufactor	505			
and the second	orosty to thousand	and ton		1 de la constante de la consta	
		of the world of		- 401/E - 10	

			FOR		1	DEPARTMEN		MARYLAND H AND MENT	AL HYGIEN	IE	g good		1 199
00-0	8997		STATE REGISTRAR		MEI	DICAL EXA	AMINER'S	CERTIFICAT	E OF DE	THO REG. N	5	1	3
		1. DEC	EASED NAME	FIRST		MIDDLE		LAST	1	20 DATE KNOWN		DAY YI	EAR 26 HOUR
	S 8. 2. S E.	1	E OR PRINT)	Kenn			Si	mpson		OF ESTI-	□ 6/	2/ 198	36
	A SE SE SE	3 SEX	4 RAC		5. DATE OF BIRTH		GE (IN YEARS IF UT	NDER 1 YR. IF UI	NDER 24 HRS	2c. DATE	MONTH		YEAR 24 HOUR
	N S T S S	M:	ale B1	ack	4 14		60 YRS.	THS DAYS HOU	IRS MIN	PRONOUNCED DEAD	6/	2/ 198	
	SSA SAL SI	/1 a. B1	RTHPLACE (STATE OR		76 CITIZEN OF WE	AT COUNTRY?	11	RIED TENEVERA	AAPPIED [9. BALTIMORE CITY	OR COUNT		
		Wa	shington,	D.C.	USA				VORCED	Anne Aru	ndel (County	7 . MD.
13/	NY IS NECESSARY, PIEASE THE FUNERAL DIRECTOR. AGE 5 FOR YOUR FILES. FILES. WITHIN Z HOURS TO WE STON STREET.	10 CI	Y OR TOWN OF DE	ATH	II. NAME OF HOS	PITAL, NURSING		HER INSTITUTION		JAL OCCUPATION (TO	YPE OF WORK		OF BUSINESS
20	300		Annapoli	s				neral Hos		tired		No	
5	H m in m i	UA UA SI	L RESIDENCE (IF IN N	I NO COUNT	OTHER INSTITUTION, GR	13c. CITY OR 1	E ADMISSION)	13d. INSIDE CITY LIM	1157 13e STR	EET ADDRESS		136	16/66
2120	AND	NAT .	D. C.	V		Washi		YES NO	promp.	1 Kennedy	Stree	+ / N	F
BALTIMORE, MD.	ESTH. II		THER'S NAME Inknown		MIDDLE	EAST		15 MOTHER'S A	haiden name known	WIDDLE		LAST	
MO	OR ORA	16a. W	AS DECEASED EVER	IN U.S. ARM	ED FORCES?		SECURITY NO.	17. INFORMANT		ADDRES	SS		
ALTI	S AFTEI GIVE P ITH FO PAGES VISION		Yes	(IF YES, GIVE W	II	579-3	38-8146	Mrs.	Myrtle	W. Simpsor	n/same	as 1	3e
	WIT. P		18 CAUSE OF DEA	TH (Enter only	one cause per line	lor (a), (b), and	(c).)						OMATE INTERVAL
S	36286	-51	PARTIDEATHY		E CAUSE (o)		Multi	iple Inju	ries				
ors	ENAPPS		0130		DUE TO, OR	AS A CONSEQ	UENCE OF						
<u>a</u>	12338		Canditions, if gove rise to	immediate	(b)								
×	A BEN		couse (a) stating		DUE TO, OR	AS A CONSEQ	UENCE OF						
3, 20	PASS SO				(c)								
RECORDS, 201 W. PRESTON ST.	"PENDING "PENDING FF AEDICA FD AS ABU HEALTH AT AL, CREWAT	z	PART 2 OTHER SIGNIFICAL	et conditions <u>c</u>	ONTRIBUTING TO DEATH	RUT NOT RELATED TO	THE TERMINAL OISEAS	SE OR CONDITION GIVE	H IN PART 1 (a)				CAL
NEC .	MED BE	CERTIFICATION	19a. DATE OF OPER	ATION	19b CONDIT	ION FOR WHIC	H OPERATION V	VAS PERFORMED?	?			20 AUTO	PSY?
TAL	SHOULD DRD "PE CHIEF A CHIEF A F USED V	FIC			9 7 9 9 9							YES	
<u> </u>	THE WORLD BE WENT	ERT	218. EXTERNAL CAU		21b. TIME OF		21c. H	IOW INJURY OCC	URRED (ENTER)	NATURE OF INJURY IN ITEM 1	BPART I OR PA		EX 140 D
DIVISION OF VITAL	CERTIFICATE SHOULD ITING THE WORD "PE DED TO THE CHIEF A E 3 SHOULD BE USED. OF PRIOR TO BURIAL, OF		UNDERLYING DECONTRIBUTING			MONTH DAY		shipet di	river o	f auto/fix	red oh	ject c	collision
ISIO	PA SHO	MEDICAL	214 INTURY OCCUR	RED	21e PLACE C	OF INJURY (AT	HOME, 211 LC	CATION	LIVEL O				01115101
20	SAROES V	1	WHILE NOT AT W	WHILE X	STREET, FACT	roadway		#424 &	Mt. Ai	ry Rd., Da		nville	STATE MA
	SI PAN SI	N.			of the remains des			Tol.					rice.
	MASSEE V	/	death resulted from		50	130		Homicide	pection		ond in my op	inion	
40	EXAMINA CERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERTIFICACERT		death resulted from	n: Noturo	ol couses/	Acelden LXX	Suicide L	TITLE (SPECIF		ermined monner			
	IL EXA OULD OULD II, WII'		ACTUAL SIGNATURE		X		A	A.D. Assist		ICAL EV AMINIER	DATE	6/3	3/86
	WEDICAL E UTE THE UNERAL I R DEATH, MORE, N			6					MLD.	ICAL EXAMINER	SIGNE	D	
	TO MEE EXECUT TO FUN BALTIM		(TYPE OR PRINT)	Gre	gory R. I	Kauffmar	1, M.D.	ADDRESS	111 P	enn St.			
	BATT BATT	23a.Bl	JRIAL, CREMATION,				OF CEMETERY C		23d. LC	CATION	COUN	NIY	STATE
1/4/84	1 BP 99	(2	Burial		6-7-86	Ft	t. Lincol	ln	CIFY	Brentwood,			Md.
1 SM	DHMH - 17		NERAL DIRECTOR	1	- ADDRESS				DATE REC'D. BY	REGISTRAR 256. REG	GISTRAR'S S	IGNATURE	Justan
	(VR A15 ME (5))	Jo	ohn T. Rhi	nes Co	., 3015	12th St	. N.E.,D	.C. 2001	7 3011	T 0 1890 9	بهاله بيده ب	Tables	

09662

tuners director, page 3

ς	T	Δ	T	F	0	F	M	Δ	R	Υ	Ū	A	N	D	

	1	1198	15	
0	1	2	7	
REG. NO.				

ı	- STATE	DE		ICATE OF DEATH	B 6	15914
ŀ	REGISTRAR I DECEASED NAME FIRST	WIDDLE	vertice of the	AST	REG. NO.	NTH DAY YEAR 26 HOUR
ľ	(TYPE OR PRINT)			.K31	20. DATE OF DEATH	ZB HOUR
ŀ	BETTY	Ellic	ULLIL	BAUGH	JUNE 3, 19	
ľ	3. SEX	4 RACE	5. DATE (DAY YEAR	6. AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN.
Į.	Female	White		29, 1929	56	YRS
Г	Te. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR	OUNTY OF DEATH
1	West Virginia	USA	WIDOWE			DEL COUNTY MD.
ľ	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY
1	GLEN BURNIE	NORTH ARI	UNDEL HOS	PITAL	Clerk	Variety Store
I	USUAL RESIDENCE (IF NURSING HOME OF	NTY 13c. CITY O	RTOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / Z	
Į,		Arundel Gler	Burnie	YES X NO	1422 Gordon	Drive 21061
1	14 FATHER'S NAME		AST	FIRST	WIDDLE	LAST
1	Isaac	Ellic		Mary	Ann	Ridenour
ľ		VE WAR OR DATES)	L SECURITY NO.	17. INFORMANT		
L	No	233-4	16-9244	Gilbert J. S	laubaugh, Se	
I	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for 101,	(b), and (c).	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı		TE CAUSE (o)	vauce	Lang Con	cer	4 months
l		DUE TO, OR AS A CON	NSEQUENCE OF			
1	Conditions, if ony, which	(b)				
I	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	NSEQUENCE OF			
ı	underlying couse lost.					
ı	PART 2 OTHER SIGNIFICANT	11	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ON GIVEN IN PART TO
1	Brown 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		w		To a second la	
1	M DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	IN WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
4	T L				YES NO	
ı		- 11011D A M MONIT	TH DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY II	TITEM 18 PART 1 OR PART 2)
ı	I IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	19			
ı	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ı	AT WORK AT WORK	COLUMN TO		1 22	6 2	86
1	220 I certify that (I) (this hosp			- 22 19 00	, to	19, that (I) (we) last
ı		n			death accurred on the date	and haur and from the couses stated
1	22b. SIGNATURE	1/1		DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
	700	1 the	2	VID PHYSICIAN	DIRECTOR PHYSICIA	N 6-3-86
I	22d. PHYSICIAN'S NAME (TYPE	The state of the s			OAKWOOD ROAD	
	LONG S. HSU,	, M.D.	34(5	GLEN	BURNIE, MARY	LAND 21061
1	23a BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF	EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
1	Cremation	6/7/86	Hasting	s Crematory		, Monongahela, WV
1	24 FUNERAL DIRECTOR			250 DAT	E REC'D. BY REGISTRAR 251	REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

retained by the hospital or attending physician.

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical and should be detached for use as the burial-transit permit. Then please rimage authorizable to pass with the State Dept. of Health and Manial Hygiene priorito burial, cremation in terminal MPORTANT. If them 21 is marked or them 18 shows any injury, or other transmitting event.

Bradley A. Stewart

Oakland, Maryland 21550 UN 131956

	ATA-10 WILDOWS	EVIDER
the second of th		
and from the continue traces		
	Peterson of the same of the same	
	Boxin Neltrina	
	an significant	
to the second to the second		
det 1	Williams to the transfer of the same of th	

the state of the s LOWER TO A STATE ASSESSED ASSESSED ASSESSED AND A STATE OF A STATE The second of th Market Company of the

2

94 6

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENI
CEDTIFICATE OF DEATH

8 6 REG. NO	0.	5	4	5
E OF DE LEIL				 -

1-	STATE REGISTRAR		DEI ARTI		EALTH AND MENTAL HYO ICATE OF DEATH	8 0	1 5 7 1
I DE	CEASED NAME FIRST	MIDD	DLE	L	AST	REG. N	MONTH DAY YEAR 2h HO
	O0 000 11					26. DAIL OF BLATTI	20.110
	MARY	22224	beth	SPE	PINGFIELD		6-10-86
3. SEX	X	4 RACE		5 DATE O		6. AGE (IN YEARS LAST BIR	
	Female	White		HINOM 2	-24-1910 YEAR	76	MONTHS DAYS HOURS
Zav81	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	AT COUNTRY?		-24-1910		OR COUNTY OF DEATH
	COUNTRY			MARRIE	NEVER MARRIED	- DATE HIND NE CHIT S	<u> </u>
	Md .	USA		WIDOWE		Anne Arun	
	nnapolis	Arihe TAPUr			ROTHER INSTITUTION Hospital	Housewire	ION 126. KIND OF BUSING WORKING LIFE) INDUSTRYCHOL
USUA	AL RESIDENCE (IF NURSING HOME OF						01111
130 5	STATE 13b. COUR		. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	
14 FA	Md. AAC),	Annapo	IIS	YES X NO	718 Monere	y Ave.
13.17	FIRST	MIDDLE	LAST		d FIRST	WIDDLE	LAST
	Samuel Wil	lliam S	Smith		Frances	stella Bre	wer
	VAS DECEASED EVER IN U.S. AR		. SOCIAL SECU	URITY NO.	17. INFORMANT	ADDR	ESS
{1	YES, NO OR UNKNOWN) (IF YES, GIV	(E WAR OR DATES)	13-22-0	580	George E. S	nringfield	Annapolis, Md
					2001 50 11. 0	A. 1110-1010	
	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one couse per lyme	1	1 -	1 +		APPROXIMATE INT BETWEEN ONSET AN
		TE CAUSE (D)	avd	lac	1mes!		1 lan
	Canditions, if ony, which gove rise to immediate cause (0), stating the underlying cause last.	DUE TO, OR AS	Jule	- my	Ocardial J	nfarction	8 8
TION	Canditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS	S A CONSEQU	JENCE OF	NOT RELATED TO THE TERM		
IFICATION	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS	S A CONSEQU	JENCE OF		20s AUTOPSY?	206 IF YES, WERE FINDINGS USI IN CERTIFYING CAUSES OF DEA
ERTIFICATION	Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS (c) CONDITIONS CONT	S A CONSEQUENTIAL TO SOME FOR WHICH	JENCE OF	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? YES □ NO 【	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA YES NO
L CERTIFICATION	Canditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS (c) CONDITIONS CONT 196 CONDITIO 216. TIME OF IN	S A CONSEQUENTIAL TO SOME FOR WHICH	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? YES □ NO 【	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA YES NO
	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DELIGIBLE CAUSE OF DELICION CONTRIBUTION CONTRIBUT	DUE TO, OR AS (c) CONDITIONS CONT 19b. CONDITIO 17b. TIME OF IN HOUR A.M. P.M.	RIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY? YES □ NO 【	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA YES NO
	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONTRIBUTING ALUSE OF DELIFIETHER, NOTIFY MEDICAL EXAMINER OF COURRED	DUE TO, OR AS (c) IPB. CONDITION 21b. TIME OF IN HOUR A.M. P.M. 21e PLACE OF	RIBUTING TO	DEATH BUT H OPERATION PAY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? YES □ NO 【	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA YES NO
MEDICAL CERTIFICATION	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DELIGIBLE CAUSE OF DELICION CONTRIBUTION CONTRIBUT	DUE TO, OR AS (c) IPB. CONDITION 21b. TIME OF IN HOUR A.M. P.M. 21e PLACE OF	RIBUTING TO	DEATH BUT H OPERATION PAY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA YES NO
	Canditions, if ony, which gove rise to immediate cause (o), stating the underlying couse last. PART 2 OTHER SIGNIFICANT OF THE	DUE TO, OR AS (c) IPB. CONDITIO 19b. CONDITIO 21b. TIME OF IN HOUR A.M. 21e. PLACE OF (AT HOME, STREET.	RIBUTING TO POR WHICH AJURY MONTH D INJURY FACTORY, OFFICE,	DEATH BUT H OPERATION PAY YEAR 19	NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA YES NO
	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONTRIBUTING ALUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 17a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 22a.1 certify that (1) (this hosp	DUE TO, OR AS (c) CONDITIONS CONT 19b. CONDITIO 19b. CONDITIO 19b. TIME OF IN HOUR A.M. P.M. 21e PLACE OF I (AT HOME, STREET,	RIBUTING TO IN FOR WHICH NJURY MONTH D INJURY FACTORY, OFFICE, GREATER TO	DEATH BUT H OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM WAS PERFORMED 216. HOW INJURY OCCUR 216. LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU-	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA YES NO NO
	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION) 21a. ACCIDENT WAS UNDERLYING CORONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINET COURRED) 22a. Certify that (1) (this hospitation of the december of the course of th	DUE TO, OR AS (c) CONDITIONS CONT 19b. CONDITIO 19b. CONDITIO 19b. TIME OF IN HOUR A.M. P.M. 21e PLACE OF I (AT HOME, STREET,	RIBUTING TO IN FOR WHICH NJURY MONTH D INJURY FACTORY, OFFICE, GREATER TO	DEATH BUT H OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET A 19 6 6 d that in (my) (aur) opinion	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU-	20b. IF YES, WERE FINDINGS USIN CERTIFYING CAUSES OF DEA YES NO
	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONTRIBUTING ALUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 17a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 22a.1 certify that (1) (this hosp	DUE TO, OR AS (c) CONDITIONS CONT 19b. CONDITIO 19b. CONDITIO 19b. TIME OF IN HOUR A.M. P.M. 21e PLACE OF I (AT HOME, STREET,	RIBUTING TO IN FOR WHICH NJURY MONTH D INJURY FACTORY, OFFICE, GREATER TO	DEATH BUT H OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET 21d that in (my) (aur) apinion DEGREE	200 AUTOPSY? YES NO CITY OR IC to death occurred an the d	29b IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA YES NO
	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION) 21a. ACCIDENT WAS UNDERLYING CORONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINET COURRED) 22a. Certify that (1) (this hospitation of the december of the course of th	DUE TO, OR AS (c) CONDITIONS CONT 19b. CONDITIO 19b. CONDITIO 19b. TIME OF IN HOUR A.M. P.M. 21e PLACE OF I (AT HOME, STREET,	RIBUTING TO IN FOR WHICH NJURY MONTH D INJURY FACTORY, OFFICE, GREATER TO THE THE TO TH	DEATH BUT H OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET A 19 6 6 d that in (my) (aur) opinion	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU-	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEFYES NO
	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION) 21a. ACCIDENT WAS UNDERLYING CORONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINET COURRED) 22a. Certify that (1) (this hospitation of the december of the course of th	DUE TO, OR AS (c) CONDITIONS CONT 19b CONDITIO 21b. TIME OF IN HOUR A.M. P.M. 21e PLACE OF (AT HOME STREET. (tal) ottended the difference of the content of the conte	RIBUTING TO IN FOR WHICH NJURY MONTH D INJURY FACTORY, OFFICE, GREATER TO THE THE TO TH	DEATH BUT H OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR 21f LOCATION STREET 4 that in (my) (aur) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO RED CITY OR TO death occurred an the d	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEFYES NO
	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (a) 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINED COURRED WITH CONTRIBUTION COURRED CONTRIBUTION COURSED COURSED COURSED COURSE	DUE TO, OR AS (c) CONDITIONS CONT 19b CONDITIO 21b. TIME OF IN HOUR A.M. P.M. 21e PLACE OF (AT HOME STREET. (tal) ottended the difference of the content of the conte	RIBUTING TO IN FOR WHICH NJURY MONTH D INJURY FACTORY, OFFICE, GREATER TO THE THE TO TH	DEATH BUT H OPERATION AY YEAR 19 FARM, ETC.)	21c. HOW INJURY OCCUR 21c. HOW INJURY OCCUR 21c. LOCATION STREET 21d that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN 22c. ADDRESS	20a AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO death occurred an the d MEDICAL STA DIRECTOR PHYSIC	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEFYES NO
MEDICAL	Canditions, if ony, which gove rise to immediate cause (o), stating the underlying couse last. PART 2 OTHER SIGNIFICANT OF THE	DUE TO, OR AS (c) [19b CONDITIONS CONTINUED TO THE CONDITION CONTINUED TO THE CONTINUED T	RIBUTING TO ON FOR WHICH AJURY MONTH D INJURY FACTORY, OFFICE, edeosed from 19 doing 19	DEATH BUT H OPERATION DAY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 216. HOW INJURY OCCUR 21f. LOCATION STREET 21f. LOCATION STREET ATTENDING PHYSICIAN 22e. ADDRESS Annapolis,	280 AUTOPSY? YES NO SO RED (ENTER NATURE OF INJU CITY OR TO death occurred an the d MEDICAL STA DIRECTOR PHYSIC	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEFYES NO
WEDICAL MEDICAL	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (a) 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINED COURRED WITH CONTRIBUTION COURRED CONTRIBUTION COURSED COURSED COURSED COURSE	DUE TO, OR AS (c) [19b CONDITIONS CONTINUED TO THE CONDITION CONTINUED TO THE CONTINUED T	RIBUTING TO ON FOR WHICH NJURY MONTH D INJURY FACTORY, OFFICE, edeased from 19 23(DEATH BUT H OPERATION DAY YEAR 19 FARM, ETC.)	21c. HOW INJURY OCCUR 21c. HOW INJURY OCCUR 21c. LOCATION STREET 21d that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN 22c. ADDRESS	20a AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO death occurred an the d MEDICAL STA DIRECTOR PHYSIC	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEFYES NO

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLA

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENI

8 6	NO.	1 5	9	
DATE OF DEATH	HINOM	DAY	YEAR	7h HOUR

1-	FOR STATE REGISTRAR			FICATE OF DEATH	YGIENE 8 6 REG. NO	159	17
	CEASED NAME FIRST		5	asi Juires		MONTH DAY YEAR 25. 1986	25 HOUR S 30
3. SE		4 RACE	5. DATE		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR	IF UNDER 24 HRS
0.1	Female	White	Nove	ember 19, 190	02 83	YRS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHA	AT COUNTRY? 8. MARRIE	D EVER MARRIED	9 BALTIMORE CITY O		• MD.
	len Burnie	(IF NOT IN SUCH FAI	PITAL, NURSING HOME (120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF House-wif	F WORKING LIFE) INDUSTRY	OF BUSINESS OR
13a. S	aryland An	OUNTY 13c	RESIDENCE BEFORE ADMISSION) CITY OR TOWN Baltimore	130 INSIDE CITY LIMITS?	13. STREET ADDRESS / 8212 FortS		ad (21226)
14. FA	ATHER'S NAME FIRST Howard	Seymour	Jenkins	15 MOTHER'S MAIDEN I FIRST Rosa	NAME MIDDLE	Goodrich	
	VAS DECEASED EVER IN U.S	. ARMED FORCES? 166	SOCIAL SECURITY NO.	17. INFORMANT	8212 ^{AD} F8	rtSmallWood	Rd.
1	NO		15-03-1423	Henry Squi		re. Md. 2122	-
NO	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICA	h (b) DUE TO, OR AS	A CONSEQUENCE OF A CONSEQUENCE OF RIBUTING TO DEATH BUT	Clesar NOT RELATED TO THE TE	RMINAL DISEASE OR CONT	DITION GIVEN IN PART II	σ
CERTIFICATION	190 DATE OF OPERATION	1% CONDITIO	N FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDI IN CERTIFYING CAUSES YES	NGS USED S OF DEATH?
10000	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXA.	F DEATH HOUR A.M.	JURY MONTH DAY YEAR 19	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJUR	LY IN ITEM TB PART I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF I (AT HOME, STREET,	NJURY FACTORY, OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
	220.1 certify that (I) (this I saw the deceased aliv abave_(I) (we) (did) (d.		19 860	nd that in (my) (aur) apini	an death occurred on the do	ote and hour and from the	that (I) (we) last causes stated
	226. SIGNATURE	stall.	eml 2	DEGREE ATTENDING PHYSICIAN		22c. DATE	SIGNED
	MUST.	afa C	OZ M	27e ADDRESS	B-4 1	Blud Sp	Md,
23a. 6	BURIAL, CREMATION, REMO (SPEC#Y) Burial	June 28.		aven Mem Par		ie, Anne Aru	ndel, Md.
	uneral director NAME McCully Funer	,	3204 Mountai asadena, Md.		ATE REC'D. BY REGISTRAR	256, REGISTRAR'S SIGNA	

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR A should be detached for use with the Store Dept of Hea MPORTANT II BE

etoined by #

(VRA 15, 4)

ages and the same and the same and the same are the same and the same are the same and the same are the same a And the same of th the state of the property of the state of th

STATE OF MARYLAND

DHMH - 16 50M 4/82 (VRA 15, 4)

24. FUNERAL DIRECTOR Singleton Funeral Hope, Glen Burnie, Md

Burial

June 30, 1986 Glen Haven Mem. Pk. Glen Burnie, AnneArundel Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Julia Davidson- Mandalas

26 HOUR

HOURS

126. KIND OF BUSINESS OR

Dry Dock

21108

haus

NO F

STATE

IF UNDER 24 HRS

1986

IF UNDER I YEAR

COUNTY

INDUSTRY

Unknown

YES T

COUNTY

22c DATE SIGNED

Md.

The state of the s

DHMH - 16 50M 4/B3 (VRA 1S, 4)

١.	FOR			TATE OF MARYLAND OF HEALTH AND MENTAL HYG	GIENE 🚓	1 100 0 1 0
1,	- STATE REGISTRAR			TIFICATE OF DEATH	8 6 REG. NO	1 5 7 1 7
	PECEASED NAME OF PERSON	ell t	Harrell	Stokes		AONTH DAY YEAR 26 HOUR 5 MM
3.5	EX	4 RACE		TE OF BIRTH ONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN.
	Male	Cauca	sian Ma	y 28, 1906	80	YRS
3	BIRTHPLACE TATAL CHARGES	entrans.	WHAT COUNTRY? 8. MAI	RRIED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH
	CITTOR TOWN OF DEATH	II. NAME OF		OWED DIVORCED DIVORCED DIVORCED	120 USUAL OCCUPATION	ON 126 KIND OF BUSINESS OR
Z	-/ .		CH FACHITY, GIVE STREET ADDRESS		(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
100	DEWATER	OF OTHER INSTITUTION			Accountant	H.A.A.S.
110	aruland h	A was do I	Edgewater	13d. INSIDE CITY LIMITS?	3568 Lochho	zip code zven Drive 21037
	FATHER'S NAME	Mrundel		15. MOTHER'S MAIDEN NA	ME	
V	Samuel	midroid	Stokes	Stella	WIDDLE	Harrell
16e	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURITY N		ADDRES	
	No	S, GIVE WAR OR DATES	577-10-8157	Maxwell H. St	tokes, Jr. S	Son Same as 13
TION		DUE TO, C Ic) NT CONDITIONS C		DF BUT NOT RELATED TO THE TERM		
CERTIFICATION	19s DATE OF OPERATION	196 COND	ITION FOR WHICH OPERA	ATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
	OR COLUMN TURN TO CALLER O	F DEATH HOUR A	M. MONTH DAY YE	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART T OR PART ?}
MEDICAL	214 INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE FARM, ETC	211 LOCATION STREET	CITY OR TOW	YN COUNTY STATE
	220.1 certify that (1) (this fi saw the deceased alive abave, (1) (we) (did) (di	e'an 6-3	19 86	and that in (my) (aur) apinian	death occurred an the da	19 , that (I) (we) last te and haur and from the causes stated
	Charle	· W	Vinus	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	
	Charle	5 W. 1	Kinzer			polis. Maryland
23a	BURIAL, CREMATION, REMO (SPECIFY)			OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	Burial	June 2		of Heaven Cemet		Spring Montgomery Md.
24	NAME		ollins Ir.		111 00	Sh. REGISTRAR'S SIGNATURE
20	ou university	ocva., w.	Silver Spri	ng, Md. JU	N 2 3 1986	The state of the s

	TO CATE OF THE PROPERTY		
113 11-15-3	2 2 2 7	S. Warring	Maxwell
	1906		
2000000	Man so All		120 3 3 3 3
	Tani 1727		
Managh		Tobes	Ann s
	el made" al l'ance		
	×		
			V. Market
	Farmer County of Physics	To shell still the	Tune Transista Theorem State J.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MAKILAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	1
	-

6 REG. NO.	5	9	2	C
F DE ATH HOM	DAY	VEAD	Tot IIO	LD.

	REGISTRAR			CERTIF	CATE OF DEATH	REG. NO).	1 51	Fin	T
	EASED NAME FIRST		MIDDLE	Ü	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2h HOUR	
(HTPE	RUSSEL	L B		STRI	CKER	TINE	11	1086	730	M
3. SEX		4 RACE	ter so Trees	5. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 I	HRS
1	1ale	Whit	e	May	2, 1920 YEAR	66	YRS	THIS DATE	NOURS A	A III.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED X	9 BALTIMORE CITY OF	COUNTYO	FDEATH		
	Baltimore	US	Α	WIDOWE		ANNE A	DITATORY	COLINI	PV	MD
	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATION	ON .	126. KIND O	FBUSINESS	
	GLEN BURNIE	(IF NOT IN SU	CHEACILITY, GIVE STREET A		TTAT	Handyman	WORKING LIFE)	Reti	red	
	L RESIDENCE (IF NURSING HO.		, GIVE RESIDENCE BEFORE	ADMISSION)				11001	,	
13a. S		AA	Severn	N	13d. INSIDE CITY LIMITS?	8167 Quar	terfiel	ld Roa	d 211	146
	Maryland	AA	Joevern		15 MOTHER'S MAIDEN N		CCTTTC	id Noa	u Li	- 10
	FIRST	MIDDLE	Strick	on	Mary	Ann		Bish	on	
14 - \A	Charles VAS DECEASED EVER IN U.S	Joseph	16b SOCIAL SECU		17. INFORMANT	ADDRE	55	01311	ор	
	ES NO OR UNKNOWN) (IF YE	ES GIVE WAR OR DATES)			8-	Broken Jones	as 13			
	Yes	WW II	218-01-6	827	Lillian C.	Barber, Same	α5 13	I APPROXI	MAJE INTERVA	
	18 CAUSE OF DEATH IEnt		r line for (o), (b), one	dici.	h 6	0	~ ~	BETWEEN	DNSET AND DE	ATH
		DIATE CAUSE (o)_	1000	1100	3 6	2 /200	1			_
		DUE TO, O	RAS A CONSEQUE	NGE OF	1.1. 01	seare.		3016		
	Conditions, if ony, which		Chico	000	cold .					
	couse (o), stoting th	DUE TO, C	OR AS A CONSEQUE	NCE OF				1000		
	underlying cause tos	- ((c)								
7	PART 2 OTHER SIGNING	ANT CONDITIONS C	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TER	MIN DISEASE OR CONE	DITION GIVEN	IN PART 1	0 1	
CERTIFICATION	me con	rue	Rece	~23	00000	el de la companya de	Ton it were w	WEDE EINIDIN	IOC USED	
ICA	190 DATE OF OPERATION	19b CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES		?
RTIF						YES NO	YES		NO 🗌	
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	LIOUD 4	DF INJURY V.M. MONTH DA	YEAR	21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)		
CAL	(IF EITHER, NOTIFY MEDICAL EXA		P.M.	19	merea count		27116		8 8 8	33
MEDICAL	21d. INJURY OCCURRED		OF INJURY	APM FTC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STAT	31
×	AT WORK NOT WHILE AT WORK		race, ractori, office, r	. 1		- Alu	100		21,00	
	220.1 certify that (I) (this	hospital) attended t	he deceosed from_	1112	19	, to	. 19	Pr.	that (I) (we) lost
J.	sow the deceosed of obove, (I) (we) (did) (d	ve on	v ofter death	10,01	nd that in (my) (our apinio	n deoth occurred on the de	ote and hour o	and from the	couses state	d
- 1	226. SIGNATURE	_ / /			DEGREE			22c. DATE	SIGNED	11
700	net !	316	Con-	-	ATTENDING PHYSICIAN	MEDICAL STAF	IAN 🗌	6	1111	00
	224. PHYSICIAN'S NAME (TYPE OR PRINT)		NE III	22e ADDRESS	A A OLIATIADER O	040 0	Tripp o	0.07	
					3	5 AQUAHART R	UAU, S	OILE 7	.03	

Baltimore Cemetery

DHMH - 16 60M 7/B4

and by the hospital or

BP.

(VRA 15, 4)

injury, or other troumotic event, the medical

ID FLINERAL DIRECTOR: After this certificate has been signed by the ottending physicion and can be accorded for use as the burial-transit permit. Then please remove carbon papers. Pages with the same Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPDRTANT: If Item 21 is morked on Item 18 shows any

230. BURIAŁ, CREMATION, REMOVAL (SPECIFY) Burial

24 FUNERAL DIRECTOR James S. Kirkley, Glen Burnie, MD

June 14,86

734, NAME OF CEMETERY OF CREMATORY LY 234 20 CATION LAUND Baltimore

MD

	NIGATO CONTROL	10 8 S 8 8 - 8
The second secon		
	A STATE OF THE PART OF THE PAR	
THE RESERVE OF THE PROPERTY OF THE		
White delivery and sufficient		

HARI K. BHASIN, M.D.

23b. DATE

230 BURIAL, CREMATION, REMOVAL

Beall Funeral Home

(SPECIFY)

BP

DHMH - 16 60M 7/B4

(VRA 15. 4)

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23L NAME OF CEMETERY OR CREMATORY

What 16000 Annapolis Road

Bowie, MD

REG. NO DAY 26 HOUR 1986 156 IF UNDER 1 YEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Division Manager State Farm Ins. 13e STREET ADDRESS / ZIP CODE 925 Riversedge Circle 21401 Wilhelm ADDRESS Riversedge Circle Annapolis, MD APPROXIMATE INTERVAL 206 IF YES WE'RE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NOTE YES T COUNTY STATE 22c DATE SIGNED 606 HAMMONDS LANE BALTIMORE, MARYLAND 21225 73d LOCATION Baltimore, Maryland Loudon Park Cemetery Baltimore 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

he					
					108015
				maaaser 2	a the sale
					Arektys
	The state of the state of	July 19			disast sta
	ril sali ravili (a)		12.101110	in Te and	and yar
		uni venti	in in		the graph of
- A 12					Will be the state of the state
	Law Car	Nen Lank			
	NAC 1978-1981 1997 Bell WARY AMIN 27228			.a.v Sii	, v
		andre d'Anti-		2000	
	10 March 19 (46)				

00

	REGISTRAR ECEASED NAME FIRST PE OR PRINT)	/	IDDLE	LAST	14/40	REG. N		7 86	2b. HOUR
3. SE	Edwa	1. RACE		S. DATE OF E	910r	6. AGE (IN YEARS LAST BI	(VACHITS	F UNDER 1 YEAR	IF UNDER 24
J. J.	Male	Caucas			1934 YEAR	52	YRS	ONTHS DATS	HOURS A
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		- A	MARRIED WIDOWED		9 BALTIMORE CITY O	runde]		
	Arnold	1315	lones Sta	ation	OTHER INSTITUTION Road	Carpent	ON FWORKING LIFE	126. KIND O	
13a. :	JAL RESIDENCE IN NURSING HOME O STATE Maryland A.A		Arnold	13	SE INSIDE CITY LIMITS?	13. STREET ADDRESS	zip cope.	tatior	Rd.
			aylor		Ida FIRST	WIDDLE		cGrow's	Ť
	WAS DECEASED EVER IN U.S. AI	Tean	215-30-		Joan Tayl	or (Same			
	18 CAUSE OF DEATH (Enter only one couse parline for (o), (b), and (g).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Renal Adeno Carcinoma - Metastatic								CUIS
	Conditions, if ony, which gave rise to immediate	(b)	AS A CONSEQUEN						
NO		(b) DUE TO, OR	AS A CONSEQUEN	ICE OF	OT RELATED TO THE TERM	NINAL DISEASE OR CON	IDITION GIVE	N IN PART 110	2
TIFICATION	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR (c) CONDITIONS CO	AS A CONSEQUEN	ACE OF		200 AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED
CAL CERTIFICATION	gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	DUE TO, OR (c) CONDITIONS CO 19b. CONDIT	AS A CONSEQUENT INTRIBUTING TO DE.	ATH BUT NO		20a AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH?
MEDICAL CERTIFICATION	gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	(b)	AS A CONSEQUENT INTRIBUTING TO DE.	PERATION V	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH?
	gave rise to immediate cause (a1, stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CHIEFE. NOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED SAW THE CORRESSION OF T	CONDITIONS CO 19b. CONDIT 19b. CONDIT 19b. TIME OF HOUR A.N P.N 21b. PLACE O IAT HOME. STRE	AS A CONSEQUENTRIBUTING TO DE. FION FOR WHICH OF INJURY A. MONTH DAY A. MONTH DAY A. PET, FACTORY, OFFICE, FARM Plegeosed from QUE	YEAR 19 2 MARTIC 19 2	WAS PERFORMED TIL HOW INJURY OCCUR TIL LOCATION SIREET CS + 4 COS that in (my) (our) opinion	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJECTITY OR TO	20b. IF YES, IN CERTIFY YES DRY IN ITEM IB PA	WERE FINDING CAUSES RT I ORPART 2) COUNTY 9 and from the	NGS USED OF DEATH? NO STATI
	gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK AT	DUE TO, OR (c) CONDITIONS CO 19b CONDIT 19b CONDIT ATH HOUR A.M P.M 21b PLACE IAT HOME. STRE (ital) ottended the	AS A CONSEQUENTRIBUTING TO DE. FION FOR WHICH OF INJURY A. MONTH DAY A. MONTH DAY A. PET, FACTORY, OFFICE, FARM Plegeosed from QUE	YEAR 19 2 MA ETC.)	WAS PERFORMED OIL HOW INJURY OCCUR OIL LOCATION STREET that in (my) (our) opinion GREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJECTITY OR TO	20b. IF YES, IN CERTIFY YES DRY IN ITEM IB PA	WERE FINDING CAUSES THE COUNTY THE COUNTY	NGS USED OF DEATH? NO STATI
MEDICAL	gave rise to immediate cause (a1, stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CHIEFE. NOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED SAW THE CORRESSION OF T	DUE TO, OR [c) 196 CONDITIONS CO 196 CONDITIONS CO 196 CONDITIONS CO 197 CONDITIONS CO 198 CONDITIONS	AS A CONSEQUENT INTRIBUTING TO DE. ION FOR WHICH OF INJURY A. MONTH DAY A. MONTH DAY A. FINJURY Gecased from QUE Step death. In the death. In the death. In the death.	YEAR 19 10 10 10 10 10 10 10 10 10 10 10 10 10 1	WAS PERFORMED PIT. HOW INJURY OCCUR PIT LOCATION STREET that in (my) (our) opinion GREE	200 AUTOPSY? YES NO CENTER NATURE OF INJUST CITY OR TO CENTER OF INJUST MEDICAL STA	20b. IF YES, IN CERTIFY YES DRY IN ITEM IB PA	WERE FINDING CAUSES TRI LORPARI 2) COUNTY 9	NGS USED OF DEATH? NO STATI

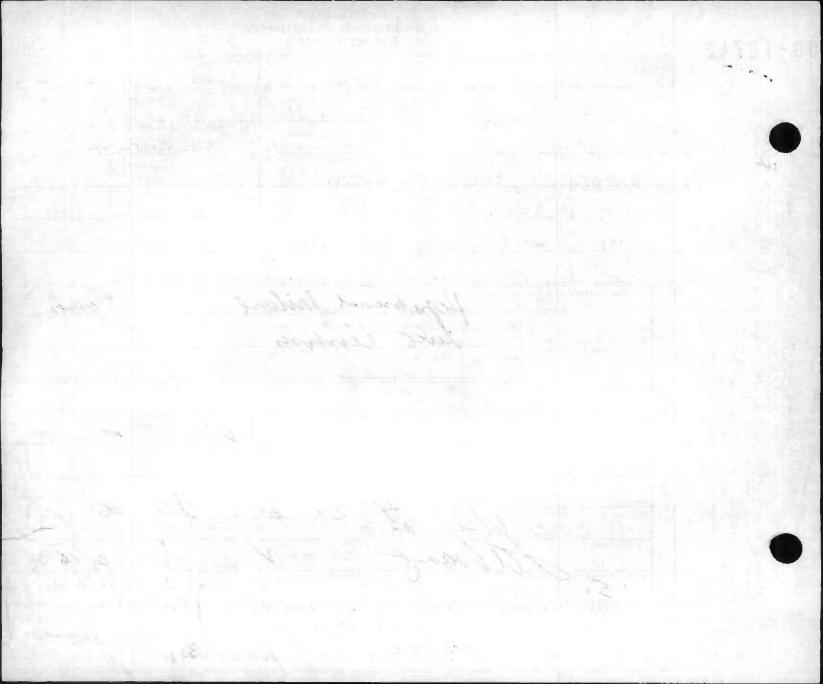
DHMH - 16 60M 7/84 (VRA 15, 4)

Lied retreated been mait an about 1001 blooms nx religion .e.s. Con .e. Long. .e. Long. .e. .e. .e. .e. .e. nol refer & femile (aveds as sast) tolyst deat itte-tr-its it .b. .) THE REPORT OF THE REPORT OF THE PROPERTY OF TH

Allegant had alread for M. I stronger

	6
	. 2
	8
	4
-	0
	4
	7
	Jida !
103	
212	Š
2	24
- F	Janes E
AR	
A	100
SAC	1
×	3
ALI	4
	4
S	100
ō	+
RES	4
4	÷ ¢
5	to to
, 20	ď
SOS	000
0	3
8	
IAI	-
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ENDING PHYSICIAN: The low requires that the death centificate he weened with 74 hours of a death Bone 4 mon he
0	S
O	X
2	0
9	Z
	Z

0-10743	1	FOR STATE REGISTRAR			DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 6		5 9	2 3
0 101.13		CEASED NAME	FIRST		MIDDLE		LAST		MONTH DA	Y YEAR	2b HOUR
y be	1	BREN	JOA -	Н	arriett	THO	MPSON	JUNE	25.	1985	7 20 A
4 may or, pog after d	3. SE		The second second second	RACE		5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
ge 4 ector		Female		W	hite	Apri		45	YRS	INTHS DAYS	HOURS MIN.
Po Po		INTHPLACE (STATE OR F	OREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8.	- 🗖	9 BALTIMORE CITY		F DEATH	
eoth. In 72 in 72 on		outh Carol:	ina	US	A	WIDOWI	DIVORCED DIVORCED	ANNE	ARUNDE	COUN	ſΥ _{MD.}
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/ 10 C	ITY OR TOWN OF DEA	TH 1		HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND O	F BUSINESS OR
10 to 20 1		GLEN BURN	ITE		TH ARUNDE		PITAL	(TYPE OF WORK FOR MOST OF HOME MA		INDUSTRY	n Home
212 hour	13n	AL RESIDENCE (IF NURS		THER INSTITUTION		ADMISSION)					
Fille oudd		aryland		A Co.	Glen Bur		13d INSIDE CITY LIMITS? YES \(\text{NO} \(\text{NO} \)	13e. STREET ADDRESS 605 Nolber	rv Dri	ve 2	1061
10000000000000000000000000000000000000	14. F/	ATHER'S NAME		IDDLE			15. MOTHER'S MAIDEN NA	WE	27 222		
AM Palate	1	Harry		rence	O'Quin	n	Ne 11	WIDDLE		Col	eman
AORE execution and co ages 1		VAS DECEASED EVER			166 SOCIAL SECU		17 INFORMANT (Hu	sband) ADDRI	SS		amari.
IMOR n and n and medic		No		A WAR OR DATES	250.66.	8758	Eugene H. The	ompson (Sam	e as 1	3)	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours reather this certificate has been signed by the attending physician and completely filled. In by as the buriol-transit permit. Then please remove corbon papers. Pages I are though the filled than definite the management of the prior to buriol, cremotion, or removal.	CERTIFICATION	Conditions, if ony, gove rise to imm couse (o1, stotin underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAL	nediate g the lost.	(c)	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES, V	WERE FINDIN	GS USED
TALRE Ician. The Ician. Ite has not per regions shows	Ē						YES NOT	IN CERTIFYI	NG CAUSES	OF DEATH?	
PHYSICIAN: The profile physicial physician this certificate he thus certificate and devial Hygier dem 18 should for them 18 should be them	MEDICAL CER	71a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH	P	.M. MONTH DA	YEAR	71c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	TORPART 2)	
DIVISION DING PHY: After this e as the bu alth and M marked or	MED	21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE [(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
OR ATTENDI e hospital or DIRECTOR: A prhed for use Dept. of Heal		220.1 certify that (1) saw the decease above, (1) (we) (d	d alive on_	lal	decrosed from 19 5	7.	that in (my) (our) opinion o	todeath occurred on the do	ote and hour a		hot (I) (we) lost ouses slated
4 4 4 4		22b, SIGNATURE	1	a	San	-		MEDICAL STAT	FF	DATE S	26 96
TO HOSPITAL retained by the TO FUNERAL should be determined with the Store MAPORTANT:		27d. PHYSICIAN'S NA) IF 4		· 4 D -		CULTUD I	720 CRAIN H	MY S.	SUITE	201
= = - ~ > =		SURIAL, CREMATION,	REMOVAL"	736. DATE			EMETERY OR CREMATORY	23d EGCATION		OUNTY	STATE
BP		Burial		June :	29,1986 ^{Gr}	eenla	wn Mem. Garden	ns Spartanb			
DHMH - 16 50M 1/81 (VRA 15, 4)		INERAL DIRECTOR Singleton E	Tunera	1 Home	Reien Bu	rnie,	Maryland 250, DATE				



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DRECTOR, After the certificate hos been lighted by the should be statioched for use as the burial maint permit. Then please rewell the State Days of Health and Merhol Hygiens pirat to burial, creming the State Days of Health and Merhol Hygiens pirat to burial, creming MEORTANT, If tens 21 is marked of legal (8 Tiples on millary, or other TO HOSPITAL OR ATTENDING PHYSICIAN. The law re-retorned by the heaptal or attending physicion.

BP.

DHMH - 16 60M 7/ (VRA 15, 4)

00-08626

	100			STAT	E OF MARYLAND				
8.1		FOR	DEPARTM	NENT OF H	EALTH AND MENTAL HYG	SIENE		gram	1
-	-	STATE REGISTRAR		CERTIF	ICATE OF DEATH	8 6	- 7	5 7	ho by
- 1	2" 10.00	THE PARTY OF THE P			1.07	REG.			1
300		CEASED NAME FIRST	MIDDLE		781	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	2	Louis	.). 140MP.	SON)-26.	1956	,	10:45m
	1.50		4. RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST I	IRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
-	11.000		011	MONTH	DAY YEAR	-0		MONTHS DAYS	HOURS MIN.
1		Sh all	Thele	6-	5-1421	30	YRS		
18		RTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
71.	-/	Varalisa	U.S.A.			BA	100	-	
9	30 00	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	WIDOWE		120 USUAL OCCUPA	TION	122 10100	MD. OF BUSINESS OR
10	77	CONTOWN OF DEATH	OF NOT IN SUCH ACILITY, GIVE STREET		OR OTHER INSTITUTION	PE OF WORK FOR MOS			OF BUSINESS OR
	11	manula /	here arundol.	Don	. Hopelal	h. ochin	ies	no.1	Judack
20	ITSU/	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION		0.0		44	1
56	13a S	HALE IN COUN	15.00		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		2/122
1		200	Reles	no	YES NO	de Cor	ralltos	lese.	2/22
120	14. FA	THER'S NAME	MAIDDLE LAST		15. MOTHER'S MAIDEN NA	MEDALE		LAS	
0/	1 (Lieb and 7	The 1		To 1.0 7	Troshow		LAS	31
~~	16. 10	VAS DECEASED EVER IN U.S. AR	MED FORCES? 100 SOCIAL SECUI	DITY NO	17. INFORMANT		RESSTans	4000000	7 /
1		(ES, NO OR UNKNOWN) TRYES, GIVI	E WAR OR DATES)	KILLINO.	D. NORMAINI			reverse	, perd.
1	50	Th. 20	-TE 242-32-	4541	Darkie Bus	ich Rt3	Box 2	20	21666
ALI:		S CAUSE OF DEATH (Fater an	ly ane cause per line far (a), (b), and	liei i		/	1	APPROX	ONSET AND DEATH
23		PART I. DE ATH WAS CAUSE	D BY.	226	110 hr 7		1110	BEIWEEN	UNSET AND DEATH
-31	74	IMMEDIAT	E CAUSE (a)	297/	14 610	7 01/1	034		
	1		DUE TO, OR AS A CONSEQUE	NCE OF			/	1000	
		Canditians, if any, which	(b) 150he/	m/c	mindles	m12010	1/1/		
-63	106	gave rise to immediate	(0)	77.	- Command	The same	1		
301	196	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF					
	10	underlying cause last	(_(c)						
94	3.7	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CO	NDITION GIV	EN IN PART 1	a
341	NO.								
P	5	19s DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PEDEODANED	20a AUTOPSY?	281/ IF VES	, WERE FINDI	NGSTISED
1	5	THE CONTRACTOR OF THE CONTRACT	THE CONDITION FOR WHICH	OFERATIO	14 WASTERTORMED	200 A010131.		YING CAUSES	
1	1	The state of the state of	STATE OF THE PARTY			YES NO	YE	s 🗌	NO []
in	CERT	210. ACCIDENT WAS UNDERLYING		16-01	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 P	ART 1 OR PART 2)	
1	=	OR CONTRIBUTING CAUSE OF DEA							
1	ů.	(IF EITHER NOTIFY MEDICAL EXAMINER		19					
	MEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	. D F	211 LOCATION	CITY OR	OWN	COUNTY	STATE
83	2	WHILE NOT WHILE AT WORK	(A) HOME, SIREET, PACTORY, OFFICE, PA	ikm tic)	Control of the same				
	349			5-2	19.85			10	1.00
360	250		tal) attended the deceased fram	*or		, ta			that (Dwe) last
	0.59	saw the deceased olive on abave (b) (we) (did) (and no	view the bady alter death.	, 0	nd that in (our) apinion	death occurred on the	date and hou	and Iram the	causes stated
19	150	77% SIGNATURE 7	11		DEGREE	BPLUQUE CAN	-11-11	22c. DATE	SIGNED
-2	157	6 H/1/X	77		ATTENDING		AFF		
1	17.5	17/////	1		PHYSICIAN [DIRECTOR PHYS	ICIAN		1
1	1	22d PHYSICIAN'S NAME (TYPETO	R PRINT)		22e. ADDRESS	1	1	1	1 10.
1-		5# 1111	CIPIL		(1.11)	Dozenst. A	4000 L	Lunaba	les Mil.
	22. 5	THE CONTRACTION DESCRIPTION	1224 DATE 122. A	IAME OF C	EMETERY OR CREMATORY	23d LOCATION	1	7	
	134.5	HIAL, CREMATION, REMOVAL	236 DATE 23c N	AME OF	1 CHETERT OR CREMATORY	CITY OR TOWN		COUNTY	SMIE
	to	ureal	15-30-1986 20	03	Jones tem.	2002 9	unie,	G.G. 60	· ped .
	74. 17.	INERAL DIRECTOR	1) 1 Back	·h	21223 70111	FREC'D BY PEGISIRA	R 256. REGIST	RAR'S SIGNAT	TURE
84	1	land tomas &	In One . ADDRESS	2/.	1 (00)	02 200	Julia To	ride . To	1
	17	AND THE PARTY OF T	401-	rol	Circ CT		A	- Indon-	MC482 -

DATE OF THE PROPERTY OF

				STAT	E OF MARYLAND		
00709/02	1 -	FOR STATE REGISTRAR	DEP		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 6 REG. NO.	5 9 2 5
2.6			ewell "Eliza	beth	^{LAST} Umphres	26 DATE OF DEATH MONTH	Q Q 1 28
ob ob o		JEWELL		MPHR		6	006 /2 AM
1 11	J. SE		4. RACE	5. DATE	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
- 6 95 /	100	EMAL E	CAUCASION		21 07	78 yrs.	
1 / V2		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	TRY? 8. MARRII	ED A NEVER MARRIED	BALTIMORE CITY OR COUNTY	1 1
		lahoma TY OR TOWN OF DEATH	USA	WIDOW		HAME Trunde	
D 23	An	INAPOLÍS	ANNE ARU	NDE.C	GENERAL HOS	D. Secretary.	NIH NIH
AD ZX Neur		AL RESIDENCE (IF NURSING HOME OF TATE VISIT COUL Md MO:	NOTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION	13d. INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / ZIP CODE #8 Piping Ro	ck Drive
3 1 11 17		THER'S NAME			15 MOTHER'S MAIDEN NA	ME	
1 11/60		Luther	Genti		FIRSTSara	h Ellen	Ray
AORE, A	160. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO. 10-9897	17. INFORMANT	ADDRESS es (Husband) Sam	
1 114		None			Ted ompilie	(Husballa / ball	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST, BA		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE Io)	oi, and (ci.)	Shock.		BETWEEN ONSET AND DEATH
ON the control of the			DUE TO, OR AS A CONS	EQUENCE OF	0 11		1
deo deo otte		Canditions, if any, which gove rise to immediate	(b)		deflecen.		hours.
T.W. Pl her the by the cose term other i		couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONS	EQUENCE OF	Mulliple co	webrel thinkose	Syens.
DS, 20 quires 1 signed her pis to huric qury, or	Z C	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 1 To
AL RECOR	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	DN WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
VIII.	1.0	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 1	PART I OR PART 2)
S S S S S S S S S S S S S S S S S S S	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M.	19			
OS Head of Management of Manag	WED	21d INJURY OCCURRED	21e PLACE OF INJURY LATHOME, STREET, FACTORY, O	FFICE, FARM, ETC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVI Shering		WHILE NOT WHILE AT WORK		1	11 31	6/2	21
TTEND pitel o TIOR, y far use of Heo		22a I certify that (1) (this hosp saw the deceased alive are above. (1) (we) (did) (did no		7 2 /	nd that in (my) (euc) opinion	death occurred on the date and hou	19 6 that (1) (week lost on of from the couses stated
Dept Brand		226. SIGNATURE	1 81.	(DEGREE ATTENDING	MEDICAL STAFF	221. DATE SIGNED
A 14 14 14 14 14 14 14 14 14 14 14 14 14		22d. PHYSICIAN'S NAME (TYPE O	Out of		PHYSICIAN 22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	16/1/86
O HOSPIT Co FUNE Co FUNE Could be Could be		GEN AN D	e Hunelt			GUELL LOW	SEVENWA PINK
55 E213		URIAL, CREMATION, REMOVAL		23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP		Burial	6/12/86				Mont.Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	NERAL DIRECTOR Himes/Rinald	i 11800 New Silver Sp		Ave. JU	N 13 DEB Julia	RAR'S SIGNATURE

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	6 REG.	NO.	1	5	9	2	EL
3.5	DEATH	MATHOMA	DAY	VEAD	21	LIOUR	

1	- STATE REGISTRAR			CERTIF	CATE OF DE	ATH	8 6 REG. NO	D	5	EDT
	CEASED NAME FIRST		MIODIE	()	AST		2a DATE OF DEATH	HINOM	DAY YEAR	26 HOUR A.
1	CARL	(7.	WAGNE	R		JUNE 10,	1986		4:40 M
3. SE	X	4 RACE		5. DATE O			6 AGE (IN YEARS LAST BIR		MONTHS DAYS	
	MALE	CAUCAS	IAN	12	10	12	73	YRS.	MONTHS DAYS	HOURS MIN
7a B	IRTHPLACE I STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	(? 8	X NEVER M.		9 BALTIMORE CITY O	7.00	Y OF DEATH	
MA	RYLAND	U.	S.A.	WIDOWE		ORCED	ANNE AR	INDET.	COUNTY	MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME O			12a USUAL OCCUPATI	ON	126. KIND (OF BUSINESS OR
1 0	GLEN BURNIE		HEACHITY, GIVE STREET TH ARUND		PTTAL.		Self Empl			Station
Mau	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR	OTHER INSTITUTION	GIVE RESIDENCE BEFO	DRE AOMISSION)	13d. INSIDE CIT		13e STREET ADDRESS		2706	
		Α.	Glen B	urnie	YES	10 [X	10 Eight			J.W.
14 F	ATHER'S NAME FIRST Unkno	MIDDLE DWN	LAST		15 MOTHER'S	MAIDEN NAM	Unknown		LA	.51
	WAS DECEASED EVER IN U.S. AR		166 SOCIAL SEC	CURITY NO.	17 INFORGA	en Bu	rnie, Mary	and	21061	
	YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR OATES)	215 22	3044	Hilda	Wagn	er 10 Eig	hth	Avenue	N.W.
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OI (c) CONDITIONS CO	R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE	UENCE OFT	7 th	e les	IN AL DISEASE OR CONI	20b. IF YE IN CERTI	S, WERE FINDS	NGS USED S OF DEATH?
	21a ACCIDENT WAS UNDERLYING	21b. TIME O	E IN II IRY		21r HOW IN I	IPV OCCUPE	YES NO		ES CONDUCTOR	NO []
	OR CONTRIBUTING CAUSE OF DE		M. MONTH	DAY YEAR	210.110.11	JKI OCCORK	ED (ENIER NATURE OF INJUI	IN INTITEM IB	PART I OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE		E FARM ETC }	211 LOCATION STREET	٧	CITY OR TO	WN	COUNTY	STATE
	220 I certify that (1) this hospi sow the deceased alive on above, (1) (we) (did) (did no	6/9	19		d that in my)	our) opinion o	to deoth occurred on the do	ite and hou	19 Slo., ur and from the	that (I) (we) lost
	226. SIGNATURE	War 3	Que	2	DEGREE AT PH	TENDING TYSICIAN	MEDICAL STAF	F IAN []	6/10	SKINED 1/86
	JAMES J. B		, M.D.		22e ADDRESS	653 01	LD MILL ROARSVILLE, MA	D,	D 21108	3
	BURIAL, CREMATION, REMOVAL				EMETERY OR CE	REMATORY	23d LOCATION "			STAM
	Burial	6/12/	'86 G	len H	aven P	ark	Glen Bu			Marylan
24 F	UNERAL DIRECTOR		ADD@FSS		01055	25a. D 1	CA BY RECIPIER	25 REOIS	TRAR'S SIGNA	TURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumotic event, the medico

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicion and a should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

FOR

Raymond C. Fink Glen Burnie, Md.

THE RESIDENCE OF THE RE 77 T NO HERENTY

the Article of the present with the Article Ar

Total Sales reset of their Delineures

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

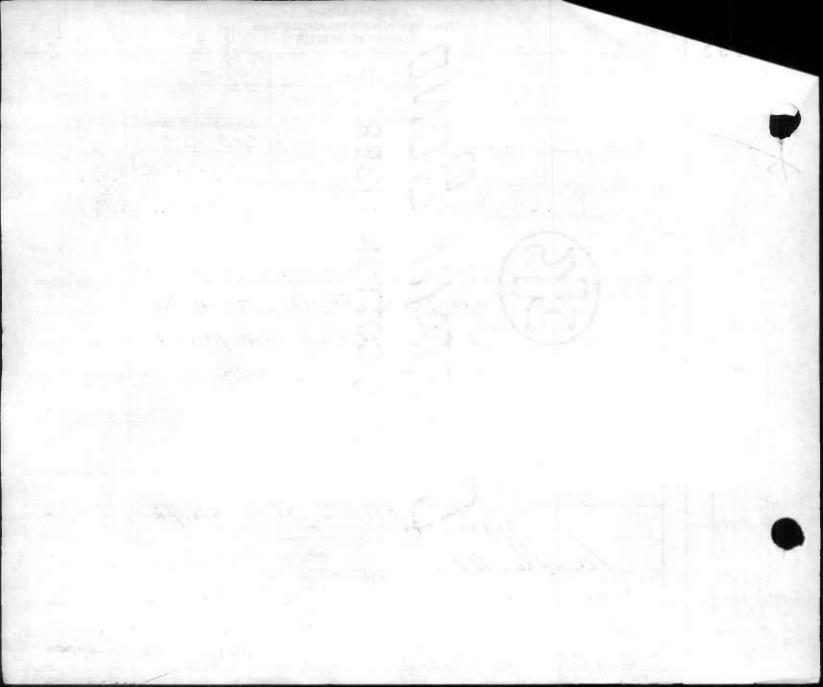
8	6	
-	REG. NO.	

15921

		ADED NAME FIRST		MIDDLE		AST	REG. NO.		DAY YEAR	In	1
	-	OR PRINT)							DAT TEAR	2b. HOU	R
-6		Ernest		artin		llace	June 25, 1				00%
	3 SEX		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTH		MONTHS DATS	IF UNDER	24 HRS
-		Male	White		June	0	65	YRS.			
4	7a. BII	RTHPLACE I STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY	OF DEATH	7111	
\geq		Maryland	U.S.		WIDOWE	D DIVORCED	Anne Arundel				MD.
Α	10 CI	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BUSINES				
-	Hanover 20 Leeds Ave.					Manuf. Engi	neer	I.B.M			
	USUA 13a S	AL RESIDENCE (IF NURSING HOME O		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 2	ZIP CODE			
2			Α.	Hanover	4	YES NO K	13e STREET ADDRESS / 2 20 Leeds R	d.	21076		
7	14. FA	THER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAS		
1	P	eter		Wallace		Charlotta	Model		B1um		
П		VAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS	ŝ			
		Yes WW	2 WAR OR DATES)	212-18-9	630	Margaret E.	Wallace sam	e as	13		
1		18 CAUSE OF DEATH (Enter of	nly one couse per	lige for (a), (b) one	d (c)	150 150	0110		BETWEEN	MATE INTER	DEATH
		PART I. DEATH WAS CAUSI	TE CAUSE (o)	Kypiten	send	MCUD.	CH / Caro	leac			
-1		DUE TO, OR AS A CONSEQUENCE OF									
		Conditions, if any, which	(b)	mount	are.	Kertenea A	und Saila	'se			
		gove rise to immediate couse (a), stating the	2015 70 0	DAS A CONSTOUR	NCT OF						
1		underlying couse lost	DUE TO, O	RAS A CONSEQUE	BIBA	aux artered	eneral				
1	1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN I							EN IN PART 110)	
1	NO O										
3	CAT	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH OPERATION WAS PERFORMED					, WERE FINDIN		
7	CERTIFICATION		17.38				YES NO YES NO NO				
	CER	210. ACCIDENT WAS UNDERLYING	110110 1		V V5.15	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 P	PART I OR PART ?)		
7		OR CONTRIBUTING CAUSE OF DE	ALIA .	M. MONTH DA	YEAR						
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		21f LOCATION			COUNTY		TATE
П	M	WHILE NOT WHILE AT WORK	(AT HOME, STE	REET, FACTORY OFFICE, F	ARM ETC)	STREET	CITY OR TOWN		COUNTY	5	TATE
-		220 I certify that (I) (this hosp	ital) attended th	e deceosed from_	71	1971	10 6/26	18	19	that (I) (v	uei lost
1		sow the deceased alive or above, (1) (we) (did)/kdid no	/		or or	nd that in (my) (opinion o	death occurred on the date	ond hou			
		Th SIGNATURE	of view the gody	after deoth.		DEGREE			22c. DATE	SIGNED	_
		1/100.11	1/2/	11.0		ATTENDING	MEDICAL STAFF	NO	25 .1	une i	86
7		224 PHYSICIAN'S NAME HOLD	N FETT!			22e ADDRESS	DIRECTOR PHISICIA		123 0	une	50
	M	John H. Shaw	M.D.			5800 Edmon	dson Ave.				
	23a B	URIAL CREMATION REMOVAL		23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION				
	1	Cremation	26 Jui	ne 86 S	ecuri	ty Process	Catonsvil	le	Balto.	Mi	D TATE
1	24 FU	INERAL DIRECTOR	1 20 001		20411	25a DATE	REC'D. BY REGISTRAR 25	b. REGIST	RAR'S SIGNAT	URE	
		James S. Kirkl	ev Glen	Burnie.	MD	JU	N 27 1986 A	war	laurdoon-V	ange	San I
		James S. KITKI	CJ GICII	23111109							

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signant should be detached for use as the buriol-transit permit. Then the with the State Dept. of Health and Mental Hygene prior to buring MAPORTANT: If frem 21 is marked or frem 18 shows any injury, and



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR REG NO 20 DATE KNOWN TO DECEASED NAME 76 HOUR Genald Eugene Walter (TYPE OR PRINT) OF E FUNERAL DIRECTOR.
5 FOR YOUR FILES.
E. WELHIN 72 HOURS
IN PRESTON STREET, 1986 DEATH MATED 3 SEX DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 24 HOUR DATE MONTH LAST BIRTHDAY PRONOUNCED 1528 1985 DEAD CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. DIVORCED Anne Arundle New Jersey THE P 12b. KIND OF BUSINESS OR INDUSTRY ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION MOT IN SUCH FACILITY GIVE STREET ADDRESS! Police Ret. County Govt. 18. GIVE PAGES 1, 2, AND 3 TO WITH FORM PM 3. RETAIL MT. PAGES 1 AND 2 SHOULD E. DIVISION OF VITAL RECOR USUAL RESIDENCE F IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 CITY OR TOWN . 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Ma 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE UNK Walter Charles 7. INFORMANT ADDRES7204 Roanne Drive 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO LYES. NO. OR UNKNOWN LIE VES CINE WAR OR DATES /9/52-10/8/54143-24-5675 Oxon Hill, Md 20745 Yes Charles Walter CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c APPROXIMATE INTERVAL CATE, WRITING THE WORD "PENDING". IN PENCIE IN THE STATE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALLONG WING PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DAND, 21201 PROR TO BURDAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO DI YES -21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING WEDICAL CONTRIBUTING CAUSE OF DEATH 10 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WORLE TO MEDICAL EXAMINER: THIS CENERCUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3. AFTER, DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P. STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held an and in my opinian Natural causes death resulted from: Accident Homicide Undetermined monner TITLE (SPECIFY) Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME William P. Jones, M.D. 695 America Ort. DAvidsonville, Md. 21035 (TYPE OR PRINT) **ADDRESS** 23a BURIAL, CREMATION, REMOVAL 23b DATE 236 LOCATION 73c. NAME OF CEMETERY OR CREMATORY Maryland Veterans Cem. BP Buria] 06/06/86 Cheltenham 25a. DATE REC'D. BY REGISTR 24. FUNERAL DIRECTOR Lee Funeral Home, Inc. DHMH - 17 6633 Old Alexander Ferry Rd. Clinton, Md. 20735

A STATE OF THE RESERVE OF THE STATE OF THE S	
	0 0
	The second secon

. . 54

25 15-6-5 .506 KAREAT DATES THATES STOLEN TO A LANGUAGE YVAN . B. F TOMOWIA SMOTEYS HOVE 130 CENTER 19025 HEREN (SK 1 MG / 13) EE CREAKING 6-14-86 MARRY 130 SERMINGRA ELVIS BANKED. MENTER PARRANCO DAY SEAN FAIR, LU 21186 ... SER CALUES ALLES ALLES AND SERVICES ALLES AND SERVICES AND

MARYLAND 21201	ed within 24 house offer death. Page 4 may	ompletely filled in by the funeral director. pa and 2 should be filed within 72 hours after d
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The tow requires that the death certificate be executed within 24 hadis after death. Page 4 may retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director. pags should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages I and 2 should be filed within 72 hours after dewith the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal
DIVISION OF	TO HOSPITAL OF ATTENDING PHYSICIAN: The Fernined by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificational be detached for use as the burial-transit the State Dept of Health and Mental

STATE OF MARYLAND FOR STATE REGISTRAR CERTIFICATE OF DEATH

MIDDLE

В.

DEPARTMENT OF HEALTH AND MENTAL HY

LAST

WILLARD

G	ENE 8	RE.	10.	5	9	3	0
	20 DATE OF	DEATH	MONTH	DAY	YEAR	26 HOU	R
	JUNE	7	, 19	186		6:1	6 PM
	6 AGE INY	EARS LAST B	RTHDAY)		RIYEAR	IF UNDER	24 HRS
	96		YRS	MONTHS	DAYS	HOURS	MIN,
1	9 BALTIMO	RE CITY	OR COUNT	Y OF DE	ATH		
<u>.</u>	ANNE	ARU	JNDEL	, CO	UNT	Y	MD.
T	120 USUAL OF WORLD	CCUPAT K FOR MOST ER	OF WORKING IN HOUS	IFET IND	KIND O USTRY FE	F BUSINE	SSOR

	3. SE	x	4 RACE	S. DATE C)F BIRTH	6 AGE (IN YEARS LAST BI	
		FEMALE	CAUCASIAN	JULY	23°, 188	96	YRS DAYS HOURS MIN.
2		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	ANNE ADI	DR COUNTY OF DEATH JNDEL COUNTY
to			0.000	WIDOWE			MU
愛と		DGEWATER	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET PLEASANT LIV)	ADDRESS) C	ONVALESCE	120 USUAL OCCUPAT TYPE OF WORK FOR MOST OF CENTER	
and Sol	13e S	STATE 113h COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ARUNDEL ANNAPO		13d. INSIDE CITY LIMITS	13° STREET ADDRESS	IROSE CT. 21403
4 /	14 FA	ATHER'S NAME			IS MOTHER'S MAIDEN		
署7	A	NDREW M	BECHTEL BECHTEL	45 6	JULIÁ®ST	WIDDLE	MATHEWS
001			MED FORCES? 166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR	
med	L.	YES, NOORGHIKNOWN) (IF YES GIV	213-74-	-6342	ROBERT G	. WILLARD S	SAME AS 13E
event, the		PART I. DEATH WAS CAUSE	oly ane cause per line far (a), (b), an D BY: TE CAUSE (a) Pa) FUL		NA.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
other traumatic		Conditions, if any, which gove rise to immediate cause al, stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE				
njury, ar	NO	PART 2 OTHER SIGNIFICANT ((c)CONDITIONS CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TE	rminal disease or con	DITION GIVEN IN PART 110
Soms out	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
tem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJ.	JRY IN ITEM 18 PART I OR PART 2)
rked or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	ARM, ETC)	216 LOCATION STREET	CITY OR TO	OWN COUNTY STATE
21 is marke		saw the deceased alive an	tal) attended the deceased from		nd that in (my) (our) opini		7 , 19 60 , that (I (we) last late and hour and from the couses stated
VT: If Item 21 is		22b. SIGNATURE	nest)		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	
MPORTANT		PHYSICIAN'S NAME (TYPE OF NOTION)	M. CAPUTO,	· 6.m	132 HOLI	DAY COURT	ANNAPOLIS
4	40.0		Tax - Tax -			Teas and services	

NAMED IM PROJECT 230 BURIAL, CREMATION, REMOVAL 236. DATE

23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION

STATE

BURIAL

(SPECIFY)

DHMH - 16 60M 7/84

(VRA 15, 4)

DECEASED NAME

(TYPE OR PRINT)

. FIRST

NETTIE

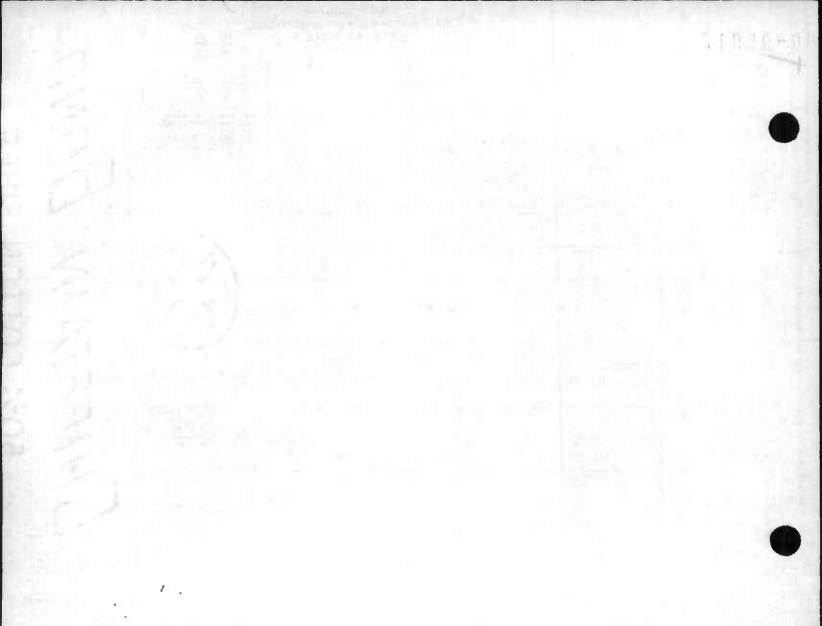
EVANS 1212 WEST'S ST.

6-10-86

R CEMETERY WOOSTER WAYNE OHTO

250 DATE RECD. BY BUSINERS SEGISTRAR'S SEGNATURE

ANNAPOLITOR 3



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR MIDDLE DATE KNOWN 1 DECEASED NAME 2h HOUR (TYPE OR PRINT) OF ESTI-UNERAL DIRECTOR. 5 FOR YOUR FILES. WHIHIN 72 HOURS V. RRSTON STREET, TYRONE L. DEATH MATED WILLIAMS 15 19 86 6 4. RACE IF UNDER 1 YR. 3 SEX DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS. 24 HOUR 2c. DATE LAST BIRTHDAY PRONOUNCED Black 59 male DEAD 5 1986 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED K FOREIGN COUNTRY MARRIED France Usa WIDOWED DIVORCED Anne Arundel County CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 28 USUAL OCCUPATION CTYPE OF WORK OR INDUSTRY LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! Glen Burnie North Arundel Hosp. Mangement SUAL RESIDENCE LEINN 13a. STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Harford Md. Edgewood 1511 Charlestown Dr FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Sam Williams Shirlev Pavden 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO IYES, NO. OR UNKNOWNI (IF YES, GIVE WAR OR DATES) 220-74-7423 Father 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PRESTON ST PART I DEATH WAS CAUSED BY F MEDICAL EXAMINER ALONG ED AS A BURIAL TRANSIT PERM HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL. Drowning IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG CERTIFICATION USED / OF HE/ JRIAL, C 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMNER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD," PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH-THE STATE DEPARTMENT OF HIS BACKMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES Y NO [21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR M. MONTH DAY YEAR UNDERLYING Subject drowned while swimming. CONTRIBUTING CAUSE OF DEATH 5:30 M. 6-15- 19 86 21d INJURY OCCURRED 21e PLACE OF INJURY II LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) Patapsco River, Downs Park, water Anne Arundel MD Autopsy X 22a. I certify that I taok charge of the remains described above, held on Inspection and in my opinion Accident XX death resulted fram: Homicide Undetermined monner Natural causes TITLE (SPECIFY) ACTUAL 6-16-86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Buriak Md' 6-21-86 Holly Hill Balto. Essex BP 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 17 Arnold Beard 353 Fountain St. Havre de Grace Md (VR A15 ME (5))

l t set 1 .TIME TOTAL GOLD WORK DESTRICT VOLUME TO SERVE THE SERVE • • T . DE COMPANY OF THE COMPANY OF THE COMPANY

	1	1	ĺ	
	MD 21201	100		
	F MARYLA	the second second second		
	RALTIMORE			
	PRESTONST	12 11 11 11 11		
	201 W			
	VITAL RECORDS	THE PROPERTY OF		
	VISIONOR	5		

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20 DATE OF DEATH MONTH YEAR 26 HOUR 3. SEX IF UNDER I YEAR IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYLAND U.S.A. WIDOWED XX DIVORCED ANNE ARUNDEL COUNTY 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ANNE ARUNDEL GENERAL HOSPITAL ANNAPOLIS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 1708 Bargers Rd. 13b COUNTY 13c CITY OR TOWN GAMBRILLS MARYLAND A.A. YES NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME WILLIAM CARTER LUCYRST CARTER 17 INFORMANT GAMBILLIS, MOADDRES 054 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. NOES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATES PAUL WILSON 1706 Bargers Rd. 18. CAUSE OF DEATH (Enter only one couse per line for 101, (b), and ic PART I. DEATH WAS CAUSED BY MARNIA IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION marked or COUNTY (AT HOME STREET, FACTORY OFFICE FARM ETC.) WHILE NOT WHILE 22a.1 certify that effecthis haspital) attended the deceased from and that in (aur) opinion death accurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DAJE SIGNED + STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN DRIANT 22d PHYSICIAN'S NAME ITYPE OF PRINTS 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 6-10-1986 WILSON CEMETERY Gambrills Maryland BURTAL A CAUNTY 24 FUNERAL DIRECTOR AMMAPOLIS, Md. 21401

DHMH - 16 60M 7/B4 (VRA 15, 4)

the band /

dd he deto

WILLTAM REESE & SONS MORTUARY, P.A.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Transper Lake Comment

FireCreation ..., Lorentz and Control of the Creation of the Control of the Creation of the Cr

and the second second second

N The second sec

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 2a DATE OF DEATH 2b HOUR LITYPE OR PRINTS **GEORGE** FERMAN WOODS JUNE 198 AGE (IN YEARS LAST BIRTHDAY) FUNDER 24 HRS 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR MONTH Caucasian June 26, 1906 BIRTHPLACE I STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia U.A.S. ANNE ARUNDEL COUNTY WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION LTYPE OF WORK FOR MOST OF WORKING LIFE Veterinarian Aid Dept. Of USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION Agriculture Anne Arundel Pasadena Maryland Bestreet Address / ZIP CODE 13d INSIDE CITY LIMITS? 21122 15. MOTHER'S MAIDEN NAME FATHER'S NAME Nannie MIDDLE Spangler James Woods ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT NO SES, NO OR UNKNOWN (IF YES GIVE WAR OR DATES) 214-28-5252 John Woods (Son) Same as #13 WEEN CHISET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line f PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR underlying lost CERTIFICATION 20h IF YES, WERE FINDINGS USED MINDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OF TOWN STATE AT WORK NOT WHILE 22a.1 certify that (1) (this haspital) affended the deceased from saw the deceased alive an and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obave. (1) (we) (did) (did not) view the body after death DEGREE ATTENDING MEDICAL STAFF D FUNERAL Diould be detoring the Stote D DIRECTOR | PHYSICIAN MPORTANT 22e ADDRESS OHERLIHY, M.D. MARYLAND 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

Fort Lincoln Cemetery

Brentwood

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

P.G.

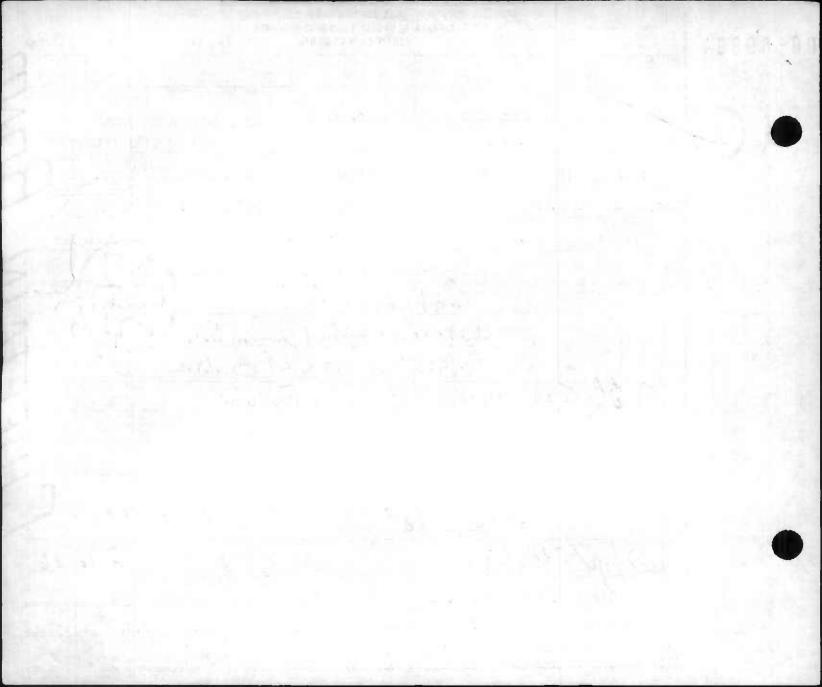
Maryland

DHMH - 16 60M 7/84 (VRA 15, 4) Burial

06/18/86

4739 Baltimore Avenue Hvattsville, Md. 20781

Francis Gasch's Sons Funeral Home, P.A.



THE PART OF THE PA AND STATE OF THE PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE P mineral Land of the same of the section of the MY SEVET HOLESTEN 231 SLEWENCHES TH LANGE EARLING PLAN

to FUNERAL DIRECTOR chauld be deteched for use with the State Dept. of Heal

DHMH - 16 60M 7/84 (VRA 15, 4)

UNPORTANT, IF IS

	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYD ICATE OF DEATH	GIENE 8	REG. NO.	1	5 9	3 5
		CEASED NAME OR PRINTS	Baco RACE	n O	F BIRTH OAY YEAR	6 AGE (IN YEAR	6	-7.	-86 DERIYEAR	2b. HOUR 1/3 4 M IF UNDER 24 HRS HOURS MIN.
6	u	isconsin	CITIZEN OF WHAT COUN	MARRIED	D DIVORCED	9 BALTIMORE	ne F	frur	de	MD.
3	OSU/	AL RESIDENCE (IF NURSING HOME OR OTH TATE 13b, COUNTY	OPE TPUD	STREET ADDRESS) BEFORE ADMISSION)	neral Hospita	13e.SJREET AD	OR MOST OF WO	RKING LIFE) IN	a)	HO1
C	1	ATHER'S NAME FIRST MIT AND EACH OF THE	LAS LAS PARCES? 1166 SOCIAL	SECURITY NO.	YES NO		MIDDLE ADDRESS	Col	last ac	on
	1	18 CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY IMMEDIATE Conditions, if ony, which gove rise to immediate couse (o), storing the	ne couse per line for (o), (by:	0-9105 ADVAC	Klizabet ARPGST	th A.C	Vrig	ht-	APPROXIMET WEEN OF	3 NATE INTERVAL NSET AND DEATH WEP
X	CERTIFICATION	PART 2. OTHER SIGNIFICANT CON	(c)	TO DEATH BUT I		20a AUTOP	5Y? 20t	DN GIVEN IN	RE FINDING	GS USED
7	MEDICAL CER	218, ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21b. PLACE OF INJURY (AT HOME STREET, FACTORY, OI	19	21c. HOW INJURY OCCUR 21l LOCATION STREET		RE OF INJURY IN I		OR PART 2)	STATE
		obove, (I) (we) (did) (did not) viii 27b. SIGNATURE	NEVEX ew the body ofter death.	.19, on	d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN		STAFF			
/		224 PHYSICIAN'S NAME (TYPE OR OR	AT TAVE	201	22e ADDRESS	- 2	0 1	111111	1	11.

AATORY 23d LOCATION
CITYORTOWN

250 DATE REC'D BY REGISTRALE SCHAME

250 DATE REC'D BY REGISTRALE SCHAME

230. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CRE
LUCY DUREL, 1986 Hillcrest
LUCY DUREL, 1986 Hillcrest
LUCY DUREL, 1986 HILLCREST
LUCY DUREL DATE
LUCY DATE
LU

E TELEVISION OF THE tabound sont the line with a literal language language and a language language book and les wents & stagende will CITT Total Comment of the do an illustration J. M. S. Mar. Co. 12 - Logar " (2172. W/ 25 / 9)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 6 NO.	1
---------	---

	1 -	REGISTRAR			CERTIF	ICATE OF I	DEATH	3	REG. NO.	1	5	1 5	(
		CEASED NAME A FIRST OR PRINT)		NIDDLE	χ	oung		JU /		198	6 YEAR	3 hour	8
	3 SEX	(4 RACE		S DATE O	- 4			EARS LAST BIRTHDA		UNDER I YEAR		J HRS
	FER	MALE	BLACK		MAY	12	1937	55		YRS.	INTHS DAYS	HOURS	MIN
		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	Accel	MARRIED -		RE CITY OR C		F DEATH		
3		RYLAND	U.S.A	١.	WIDOWE		VORCED	HIM	e ARUI	1001	Co	1	M
ŗ	10 CF	TY OR TOWN OF DEATH		OSPITAL, NURSIN		ROTHER INS	TITUTION		OCCUPATION K FOR MOST OF WO		126 KIND O	F BUSINES	SOR
Ž	ANI	NAPOLIS	Anno F	FRUNCE	OPA	HISI	0 .	(TYPE OF WOR	K FOR MOST OF WE	DKKING TIFE!	INDUSTRI		
-	130 S	AL RESIDENCE IF NURSING HOME OR TATE 136 COUN RYLAND A.	ŢΥ		ADMISSION)	13d. INSIDE C	NO 🗌		ADDRESS / ZI Pindel	P CODE 1 Av	enue 🚄	140	2
1	14 FA	THER'S NAME FIRST WILLIAM	MIDDLE	evâns			MAIDEN NA	ME	WIDDIE	HAL	L IAS	1	
		VAS DECEASED EVER IN U.S. ARI	WAR OR DAYES	166 SOCIAL SECU	9333	17 INFORMA	NT		ADDRESS		4		
		Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost	DUE TO, OF	R AS A CONSEQUE		+							
	TION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL											
)	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFO	RMED	YES [NO 2	No. IF YES, YES, YES	WERE FINDIN ING CAUSES	OF DEATH	1?
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	In .	M. MONTH DA	AY YEAR	21c. HOW IN	JURY OCCUR	RED LENIER N.	TURE OF TURY IN	ITEM 18 PAR	T 1 OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY EET, FACTORY OFFICE F	ARM, ETC)	21f LOCATION STREET			CITY OR TOWN		COUNTY	STA	ATE
		22a.l certify that (1) (this hospit saw the deceased alive on, above, (1) (we) (did) (did na	61	19		d that in (my)	, 19 85 (our) opinian	deoth accurre	ed on the date	ond hour o		that (I) (we	
		226 SIGNATURE Stuart &	. Sel	-0	a.	O.	ATTENDING S	MEDICAL	STAFF PHYSICIAN	10	6 (1	SIGNED	
/		STURY E.	Seloui	ich, m.	0.	SI FVa	_	St. F	Lunapo	lis,	Md.	2101	4

should be detoched for use os MPORTANT: If Hem 21 is

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL BURTAL

FOR

23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 6-14-1986 ADAMS C RUCH CEME.

23d. LOCATION Lothian

A.A. Maryland

WILLIAM REESE & SONS MORTUARY P.A. 24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

JUN 1 3 1086 Juna Davidson Of reduces

. made buse the state of the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6		
	REG	NO	

1.	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	j.	5 9	3 7	
	CEASED NAME F	IRST A	AIDDLE	AST	20 DATE OF DEATH	MONTH DAY	YEAR 21	HOUR D	
	/ELYN	VIOL	ET ZAI	HN		6-14-	86 (045 M	
3 SE	Х	4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF U		FUNDER 24 HRS	
	FEMALE	CAUCAS	ION 12	- 5 - 13	72	YRS	IHS DAYS H	OURS MIN.	
	RTHPLACE (STATE OR FORE	IGN 76 CITIZEN OF	WHAT COUNTRY? 8.	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH		
	RYLAND	UNITED	STATES WIDOWE	DIVORCED	ANNE ARU	NDEL		MD.	
10.C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME OF PACILITY, GIVE STREET ADDRESS	R OTHER INSTITUTION	120 USUAL OCCUPATI		126. KIND OF E	BUSINESS OR	
	NNAPOLIS	ANNE A	RUNDEL GENE	RAL HOSP.	HOMEMAKE		HOME		
130. 5	AL RESIDENCE (IF NURSING STATE 13b	COUNTY A . A .	GIVE RESIDENCE BEFORE ADMISSION) 13 CITY OR TOWN PASADENA	13d. INSIDE CITY LIMITS? YES NO 🍱	807 PASA	DENA A	VE/21:	146	
14 FA	ATHER'S NAME	MIDDLE	LAST -	15 MOTHER'S MAIDEN NA	ME		1 45 7		
	JOHN	WILLIAM	BOWIE	ROSE	ELLA		M	ORAN	
	WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS			
,	YES, NO DRUNKNOWN) (I	P TES, GIVE WAR OR DATES)	212-42-9391	KENNETH ZA	HN 819 PA	SADENA	AVE/	21146	
	Conditions, if ony, wi gove rise to immed couse (a), stating	CAUSED BY: MEDIATE CAUSE (0) DUE TO, OI hich (b)	R AS A CONSEQUENCE OF	feule myvendul wheretier				48 bon	
NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
CERTIFICATION	a month of the		ION FOR WHICH OPERATION WAS PERFORMED		200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING G CAUSES OI	S USED F DEATH? NO	
MEDICAL CER	21g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL S	SE OF DEATH HOUR A.	M. MONTH DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM IS PART I	ORPART 2)		
4EDI	21d INJURY OCCURRED	LAT HOME STR	OF INJURY EET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn	COUNTY STATE		
~	AT WORK NOT WHILE	I WHILE		2/	1.1.	1/	21		
	saw the deceased a	20.1 certify that (I) (this because) attended the deceased from 5/12, 19 to 6/14, 19 sow the deceased of the d						ot (I) (we) last uses stated	
	776 SIGNATURE	of fly	and the same of th	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		224 DATE SK	58/92	
	THE PROSIDENT NAME	MD CH	WAPH	22e ADDRESS	ONGEN	RIAN	Skvon	Nova Pital	

DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate hos been signed by the otter should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation.

MPORTANT: If hem 21 is marked ar

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
BURIAL 236 DATE

23c NAME OF CEMETERY OR CREMATORY

MD

6-17-86 OAKLAND METH INERAL DIRECTOR

FUNERAL HOME SEVERNA PARK, MD BARRAINCO

Deliant and the second of the